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THE NURSING OF RHEUMATISM

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THERE is a general tendency at the present to classify as "rheumatism" any condition which is characterized by swollen and painful joints. This classification is erroneous. The term "rheumatism" correctly applied has reference, not to a disease, but to the symptom,—painful and inflamed joints, which is the essential characteristic of the group of diseases known as arthritis. Arthritis exists in varied and numerous forms, of which only the most common will be considered in this paper; namely, gonorrheal arthritis, chronic arthritis and acute rheumatic fever.

IT is highly desirable that the nurse caring for diseases of the joints should know their various manifestations and possibilities. It goes without saying that she must know how to secure her patient's comfort, immediate as well as that of the future.

GONORRHEAL ARTHRITIS

In gonorrheal arthritis, we are often able to demonstrate the exciting cause, the gonococcus. There are two or three types of the disease, each owing its classification to the prominence of certain symptoms, all or most of which are present in all cases.

Arthritis occurring coincident with an acute or subacute urethritis, or following an exacerbation of a chronic urethritis, presents a typical group of symptoms. The primary infection may be a urethritis, vaginitis or ophthalmia, or the more chronic infections such as that of the prostate, the seminal vesicles or the female genitalia.

A painful joint is the symptom noticed first; this attacks one or more joints at a time, usually the larger ones, as the knee, the hip, the ankle, the shoulder or wrist. It is a curious fact that the knee is most often affected in men, and the wrist in women.

The pain is of an excruciating nature. The joint soon becomes red, hot and swollen. A fever of the intermittent type occurs. In the mild cases the synovial membrane is congested, accompanied by a slightly cloudy exudate; the cartilage and periarticular tissues are usually involved, but no bony changes occur. All these symptoms are more pronounced in the severer forms of the disease. The synovial membrane presents a hemorrhagic appearance, with a purulent or hemorrhagic exudate. The cartilage may become eroded, and bony changes take

place, causing more or less deformity. The periarticular tissues are inflamed and red; edema often occurs; necrosis frequently is seen. Operative measures are often necessary in treatment.

Gonorrheal arthritis runs a fairly definite course. If but one joint is attacked, recovery takes place in a few weeks. If multiple arthritis is present, the time of recovery is longer and there is a liability of some joint healing with more or less ankylosis and deformity, although complete recovery is the rule.

When this condition is being treated, the removal of the primary focus of infection is paramount. This is given the usual treatment for the condition in question.

The painful joint, the fever and attending malaise have already forced the patient to bed. He should have a large amount of water, and a soft, easily digested diet. Much attention should be paid to all channels of elimination during this stage of the disease.

Immobilization of the inflamed joint is indicated. However, too rigid immobilization will favor ankylosis; so, as soon as possible, massage and passive motion should be begun. The joint is frequently aspirated to remove the exudate. When there is a purulent localization in the periarticular tissues, incision and the establishment of free drainage are required.

There is much doubt as to the value of drugs in the treatment of gonorrheal arthritis. Salicylates are seldom of any use. Certain compounds of mercury and silver have been tried with more or less success.

Chronic Arthritis

Chronic arthritis exists in several forms; all will be considered under this one heading, as the exciting cause, symptoms, course of the disease and treatment of all are very much the same.

Exposure to cold and wet usually precipitates the attack. Chronic arthritis is a secondary infection, the teeth with pyorrhea pockets and abscesses, the tonsils and the accessory sinuses being the most common foci. The periarticular structures are affected in most cases; the cartilages and bones undergo definite changes, sometimes of an atrophic nature, sometimes hypertrophic. The atrophic type is more frequent in young people, while the hypertrophic type assails older people. Under ordinary conditions older people are much more subject to this affliction.

Pain in the joints and limitation of motion are the outstanding symptoms. The joints become swollen, red and hot. As the condition becomes chronic, bony changes and destruction of cartilage take place, followed by subluxations and deformities. This may lead to ankylosis, two types of which occur: the proliferative type in which there is bony growth and union, and the degenerative type in which "spine formation" prevents motion. The periarticular tissues suffer changes also that produce pain on moving. Either fibrosis or muscular atrophy from disuse may be seen.

The treatment of these forms of arthritis conforms closely to that of other joint diseases. The removal of the cause is of primary importance. Tonsillectomy often affords much relief and final cure. The extraction of the teeth is advocated more in this form of arthritis than in others. Less satisfaction has been had when the focus was known to be the accessory sinuses. The usual methods to relieve pain are used. The analgesic

effects of the salicylates is undisputed: large doses are given over a short period during the acute attack, or smaller doses, once or twice daily, at intervals of a day or two, over a longer period of time. Potassium iodide probably produces an acceleration in metabolism, which proves beneficial. Arsenic is given as Fowler's solution or sodium cacodylate with considerable success. Foreign protein has been tried out quite satisfactorily in many cases, typhoid vaccine being the one most frequently used. Subcutaneous injections of milk bring about much the same reaction.

Benefit has been noticed following widespread exposure for x-ray photography; however, x-ray treatments are unsatisfactory because of the difficulty in regulating the dosage. Radium has not been used for the same reason.

Local and external methods of treating chronic arthritis have been the subject of much discussion. Heat is applied by dry baking and hydrotherapy. The whole or a part of the body is exposed, for a short length of time, daily or every other day, over a period of weeks. Increased metabolism follows the exposure to the electric bath, the blood supply of the part is increased, promoting oxidation. Sweating is produced by both methods, although it is not certain that perspiration in itself is beneficial.

Massage, when properly applied, is of great benefit in treating chronic arthritis. It has two functions: "to induce an increased blood supply to the affected part and so accelerate the metabolism, and to replace and augment the effects of exercise in wasted muscles or those which are kept at enforced rest."[1] Unless skillfully done, massage can produce more harm than good. It is necessary to know whether the pain and limitation of motion are due to the arthritis or to contractures and deformities that have been produced. Massage restores health and muscle tone; passive motion serves to increase the range of motion. But most important is active motion which must be instituted gradually and persistently. There are various methods and appliances for encouraging developmental exercises.

Many institutions are well equipped for giving treatments by the electric current. The use of the current to induce contractions of the muscles produces undisputed benefit. When the current is used to increase local temperature, the benefit is in direct proportion to the rise in temperature that is induced by an alteration of metabolism.

Change of climate produces a very satisfactory effect upon the chronic cases of arthritis, especially if the patient goes to a dry climate of an altitude of about 2000 to 4000 feet above sea level. After spending several weeks in this climate, improvement continues, in many cases, even after the return home.

Acute Rheumatic Fever

Acute rheumatic fever is more prevalent than is generally supposed. The seriousness of its sequelae makes it a disease deserving the careful attention of all doctors and nurses.

Acute rheumatic fever has been defined by Dr. Swift as "a disease of undetermined etiology characterized by the febrile state, by migratory inflammation of the structures covered by serous membranes, by a peculiar inflammation of the pericardium, and finally, by the

[1] Dr. Ralph Pemberton.

tendency for the febrile symptoms and arthritis to disappear following adequate doses of salicylates."

Occurring in temperate and sub-tropic zones, acute rheumatic fever attacks all races, but the number of cases among the whites greatly exceeds that among negroes. It seems to be about the same between the sexes, although chorea, an attending condition, is more frequent among females. One of the most important features of the disease is that it is found almost exclusively among young people, seldom occurring before the fifth year nor after the fortieth.

There is a slight difference in the relation to the season and locality. In the United States the spring months present more cases of the disease, while the early fall months seem the time of greater prevalence in Great Britain. The old idea of cold and wet causing rheumatism seems to be contrary to fact in this condition, as is shown by the records of the soldiers in the World War. Very few cases of acute rheumatic fever developed among them, although there was abundant exposure to cold and wet. Statistics show that it is more frequent in years when the rainfall is lowest.

There seems to be some significance to the fact that several cases of acute rheumatic fever may occur in the same house in the course of a few years. Heredity also plays an important role, at least in producing a predisposition for the disease. Several cases in the same family have been observed.

The symptoms of acute rheumatic fever are often overlooked until the disease is well established. Quite often its onset is insidious, the patient becoming anemic and irritable, there is a loss of appetite and weight and an increasing lack of energy. Nervousness, even to the extent of chorea, comes on. Headache, epigastric pains, frequent sore throat and fleeting pains in the joints occur. The temperature is slightly elevated. Beginning heart disease may be found at this early stage of the condition.

An exposure may precipitate an acute onset. There has been some question as to whether the sore throat is a predisposing cause or an early symptom of the disease; the latter view is gaining preference. Malaise and fever attend the condition, the temperature often rising as high as 102°F. The patient is usually prostrated, and seeks his bed. The pain in the joints may be the most prominent symptom; again, precordial pain or chorea may be the outstanding manifestations. The joints become swollen and tender, a rash sometimes appearing over the articulations most affected. The inflammation is of a migratory nature, passing from joint to joint, as from knee to ankle, or from shoulder to elbow, to wrist and then to the smaller joints of the hand. Subcutaneous nodules are characteristic features of the disease, especially among children.

During the febrile stage there is much sweating, often necessitating frequent changes of the bedclothes. Thirst and constipation result with an attendant loss of appetite. The urine is scant, highly and strongly acid. The mind remains clear and acute. There is considerable anxiety, the patient dreading the approach of anyone near the bed, fearing an increase of pain if the bed should be touched or jarred. Insomnia, due to excessive pain, is common.

Acute rheumatic fever runs no definite course; this is especially true in children. Some cases never reach an acute stage,

but never subside; one manifestation after another presents itself. The severer symptoms usually disappear by the end of the third week. However, the tendency to recrudescence must always be kept in mind. The cardiac complications are quite apt to be late in appearance; children seldom escape them. Fatalities are due to acute heart disease or hyperpyrexia; the latter is rather rare.

The most serious, and probably most frequent complication of acute rheumatic fever is heart disease. This may be an endocarditis, a pericarditis, a myocarditis, or the entire heart may become involved. Sometimes the attack is rapid and severe, great damage to the heart resulting in a very short time; sometimes it is a gradual progress toward a serious condition. Then, again, it may be of a fleeting nature, leaving no permanent mark. Acute dilatation is often noted both in children and adults.

Since an early recognition is most essential in the treatment of heart disease, a shortness of breath on exertion and weakness should cause anxiety to those attending the patient.

Heart disease when once established shows many manifestations. In endocarditis, single or multiple valves may be attacked. In the subacute type, the inflammation may lead to fibrosis and contraction, resulting in stenosis; mitral stenosis is often associated with chorea. Malignant endocarditis may follow acute rheumatic fever, although it is rare.

Pericarditis is the most serious form of heart disease following acute rheumatic fever, with the exception of malignant endocarditis. It is more frequent in children, occurring at any time, though quite often in the first week. It may be accompanied by a severe type of infection involving the myocardium. The usual symptoms, rise in temperature, precordial pain, a rapid pulse of low tension and dyspnea occur. Occasionally there is delirium. Adults suffer much more distress than children. The first attack seldom proves fatal, but due to its frequent recurrence, death following rheumatic fever is often caused by pericarditis.

The arthritis of rheumatic fever is probably the most prominent symptom, especially in adults where it is often looked upon as the disease itself. The fact that it may attack several or just one joint makes it difficult to distinguish from forms of chronic arthritis. Great pain accompanies the inflammation; the tendons are often involved. There may be but little exudate or much. Adhesions may form, causing more or less deformity.

The manifestations of acute rheumatic fever as it affects the central nervous system are also very important. Chorea is the most common form in which it is seen; however, all chorea need not be rheumatic. It, too, is most prevalent in childhood.

Tonsillitis is an associate with this disease, as is pleurisy. But there seems to be no relation between the frequency or severity of the sore throat and the rheumatic attacks. The throat undoubtedly is a channel of infection, and must be ever kept in mind. Pleurisy often accompanies pericarditis, presenting its usual symptoms, pain in the chest which is increased upon deep breathing, shallow and rapid respirations, and a rise in temperature. There is frequently a turbid exudate, although aspiration is seldom necessary. Pleurisy is held to

be the second most common complication of acute rheumatic fever.

Having such frequent and such serious sequelae, acute rheumatic fever offers a rather unhappy prognosis. The earlier the attack the more serious it is. Its tendency to recur, or merely to subside temporarily, makes it unsatisfactory for treatment. The patients usually live for quite a while, often in a chronic or semi-invalid state, until finally an aggravation of the heart disease proves fatal. If the heart is not damaged, recovery takes place.

In the definition quoted at the beginning of this discussion, "the tendency for the arthritis to disappear following adequate doses of salicylates" suggests the chief drug used in treating the disease. This is given in rather large doses, as much as two or three hundred grains of sodium salicylate being given daily. The fever and sweating subside, and the swollen and painful joints soon return to normal. However, the salicylates do not prevent heart disease.

The avenues of elimination should be freely cleansed at the beginning. Fluid diet, mainly non-nitrogenous, should be given during the febrile stage. Gargles for the sore throat give much comfort. Local applications to the rheumatic joints are of more or less value; oil of wintergreen or belladonna and opium liniments are used. Then the joint is wrapped in cotton and immobilized. Dry heat, especially radiant heat, is valuable. As soon as the pain disappears light massage and passive motion are begun. Hydropathic treatment for the stimulation of the joints is beneficial.

There is much discussion of tonsillectomy and the extraction of teeth and their relation to rheumatic fever. The consensus of opinion today is that infected tonsils or those subject to frequent inflammation should be removed in order to give the body an opportunity to raise its resistance. The wholesale extraction of teeth, however, is under serious study. Those which are known to have apical abscesses should be extracted; but it seems more harmful to reduce the patient to the inconvenience of using artificial teeth, and the accompanying faulty mastication, than to allow the teeth to remain. If the accessory sinuses are known to be a focus of infection, the general health and bodily resistance will improve upon their being cleared up. However, it is not held that either of these procedures will prevent a future attack of acute rheumatic fever.

Nursing Care of Arthritis and Rheumatic Fever

It is highly desirable that the nurse caring for diseases of the joints should know their various manifestations, and possibilities. It goes without saying that she must know how to secure her patient's immediate comfort, as well as that of the future.

During the acute febrile stage of either type of arthritis the nursing care is much the same. The patient should be placed in a light, well ventilated room that is free from drafts. The patient suffering from profuse sweating, as in acute rheumatic fever, should be clothed in flannel; these should be made so that they can be removed and replaced with as little discomfort as possible. Blankets should be used instead of sheets because they absorb the moisture and prevent chilling better than muslin does. Frequent baths give comfort and prevent the maceration

of the skin and bedsores that may accompany the sweating.

A cradle may be used to keep the bedclothes from pressing on the painful joints. The patient assumes the most comfortable position possible, it being that of slight flexion. Pillows and cotton pads are arranged to maintain this position. Much skill can be exercised in doing this so that applications can be made with the least disturbance. Padded splints are used in some cases with much satisfaction.

The forcing of fluids is indicated during this stage, to increase elimination, and to replace the body-fluid that is lost. Lemonade, vichy, fruit-juices, barley-water, etc. may be given. As the acute stage of the disease wears away, a soft, nourishing diet is best.

Heat is applied in many ways, both during the acute stage and as chronicity develops. Wrapping the part in cotton or flannel is one way. Thermal light rays and the ultra-violet rays are used. Hot fomentations also give much relief to the painful joint. Lotions and counter-irritants are frequently applied, such as belladonna and opium lotions, or methyl salicylate as a rubefacient.

The nurse should know the action of the salicylates when using them in the large doses usually employed in rheumatic fever. Sodium bicarbonate is given with sodium salicylate to neutralize the acids, to prevent gastric symptoms and acidosis. If given in milk, or the curd of peptonized milk, less gastric distress will result. It is also given per rectum, in a starch enema, without irritating effects. By these methods as much as two hundred grains can be given daily. As soon as the arthritic symptoms begin to subside, the dosage is gradually decreased and finally discontinued. The symptoms of an overdose of salicylates are ringing of the ears, nausea and vomiting, nervousness even to a wild delirium; the medication should be withdrawn immediately upon the appearance of any of these symptoms. As they disappear, the medication can be started again in smaller doses that will be tolerated.

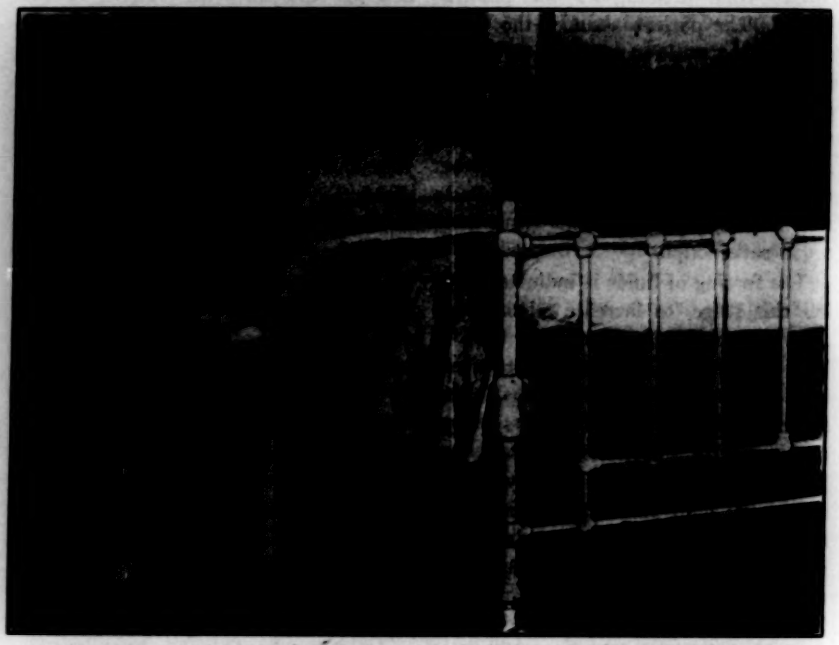
The patient suffering from acute rheumatic fever should remain in bed for a week or more after all temperature and pains have disappeared, keeping in mind the possibility of a late manifestation of heart disease.

In other forms of arthritis, much the same theory of nursing is applied. The use of massage and passive motion, of baking and hydrotherapy, will be more intensive because of the greater possibility of ankylosis and permanent deformity.

Parents, and teachers of children who are predisposed or subject to acute rheumatic fever should be taught the seriousness of the condition. These children should wear woolen or silk-and-wool garments next to the skin. They should not be pressed at school, and a mid-day rest period should be provided. If there is a tendency toward tonsillitis, the throat should be treated and tonsillectomy done. Change of house, if unsuitable, should be suggested; better still is a change of climate, if possible. By these means the child's health and resistance can be kept as near the maximum as is possible. The responsibility of enlisting the coöperation of the parent and teacher falls upon the private duty nurse and the school nurse.

A PRACTICAL COMB AND BRUSH TRAY

By Hester K. Frederick, R.N.



This shows the tray hung on the inside of the table, which opens toward the patient when in use.

THE matter of individual equipment for patients in a large public ward is a problem which is often difficult to solve, for space is necessarily limited and the nurse in her busy round of work has very little time to carry articles back and forth from the bedside to a central cupboard outside the ward where such equipment might be kept. A simple method of keeping the patients' toilet articles separate has been adopted and carried out so successfully for the past two years at the Johns Hopkins Hospital that the plan might be of benefit to others who are confronted with such problems.

The accompanying photograph gives an illustration of a white enamelled comb and brush tray which has been made to hang inside each patient's bedside table. The tray is 4¼ inches wide by 10½ inches long, and 1½ inches deep. In this tray are placed an aluminum soap dish, a comb, a small tin box of tooth paste, and a tooth brush which is supplied to every new patient who fails to bring one when he enters the ward.

The tray is cared for at the time of the daily dusting, and when the patient is discharged, it is cleansed, the comb soaked in bichloride 1-1000 for a half-hour, and the tray is again equipped for the new patient.

For the morning bath and again at night in the preparation of the evening toilet, a small nurse's basket is carried from bed to bed, containing the other articles which do not come into such intimate contact with the patient. In this basket, which is lined with oilcloth, are kept a bottle of 35 per cent alcohol, a bottle of listerine, a can of talcum powder, a nail brush, some gauze squares, several small paper bags for waste, a whisk broom, and a small glass cup containing safety pins, rubber bands and tooth-pick swabs. The basket is covered with a piece of rubber sheeting 18 by 22 inches which is used during the bath under the towel to prevent dampening the bedclothes. The nurse's basket is given daily care. In cases of isolation, alcohol and powder are kept in the bedside table and the basket is not used for such patients.

PLANNING STUDENTS' VACATIONS

By Mary S. Power, R.N.

IN most schools of nursing vacations are granted at two seasons of the year. One of these seasons is drawing near. The plan below has proved satisfactory to students and administration in one school and may serve to help others.

Suppose a school where seventy students are entitled each to a two weeks' vacation. Classes end, we'll presume, May 9th and commence August 15th. This leaves fourteen weeks for vacation time, or seven rounds of vacation. As the work of the hospital must continue as usual, only a reasonable number can be away at any given time, and this allows ten students to go as ten are returning.

Below are shown the notices regarding vacations as they are placed on the bulletin board. Note that the first notice is posted about ten weeks before vacation actually occurs and remains up for three weeks. This gives the student ample time to consult with her family.

At the end of three weeks—Notice No. 1 may have thirteen names listed under dates July 4-July 17 and only seven under May 9-May 22. Whenever one set of dates has been more popular than another, as here, the youngest students in the school of that group are called and are asked to consult together and choose the available places which remain. I have always found that by putting the situation up to them, they adjust it agreeably among themselves and let us know their decision later.

After all adjustments have been made, the final notice is posted about April 1st. This gives the student a little over four weeks, before even the first vacation starts, in which to make any travelling or other arrangements necessary.

Notice Number 1. March 1, 19—.
Students entitled to two weeks' vacation are listed below:

(Here appear the seventy names)

Vacations extend from May 8th through

August 14th and the total time has been divided into two-week sections. As only ten students can have vacation at once, will you place your name under the dates you wish and as nearly as possible the time will be granted. If there are more than ten students wishing any particular time, the preference will be given according to seniority. Dates are inclusive.

May 9-22		May 23-June 5	
1	6	1	6
2	7	2	7
3	8	3	8
4	9	4	9
5	10	5	10

(The other dates are listed in the same way, covering the periods through August 14.)

Notice Number 2. April 1, 19—.

The final vacation assignments are posted below. As they are planned as nearly as possible to accord with the individual's choice, it is understood that no further changes will occur. Dates are inclusive. Students are entitled to a whole day off the week going, but not on the week of return.

May 9-22	May 23-June 5	June 6-19
June 20-July 3	July 4-17	July 18-31
	August 1-14	

Ten names are filed under each of the above group of dates and this notice remains up until vacations are closed.

ALUMNAE REPRESENTATION

Education is costly. As a hospital has no adequate money appropriation for it, nurses pay their way by the routine work they do. For instance, a student nurse by giving a bath,—100 times more or less—acquires the technic and the proficiency, yet she is called upon to give 1000 baths more or less as her contribution to hospital routine. The same with the serving of food. She serves thousands of meals and walks scores of miles carrying trays, long after the process has any educational value to her. Education along these lines is on the apprentice plan and it is along these lines that changes are sure to come. Law, medicine, dentistry, pharmacy, all have been through the apprentice period and all have discarded it for better ways.

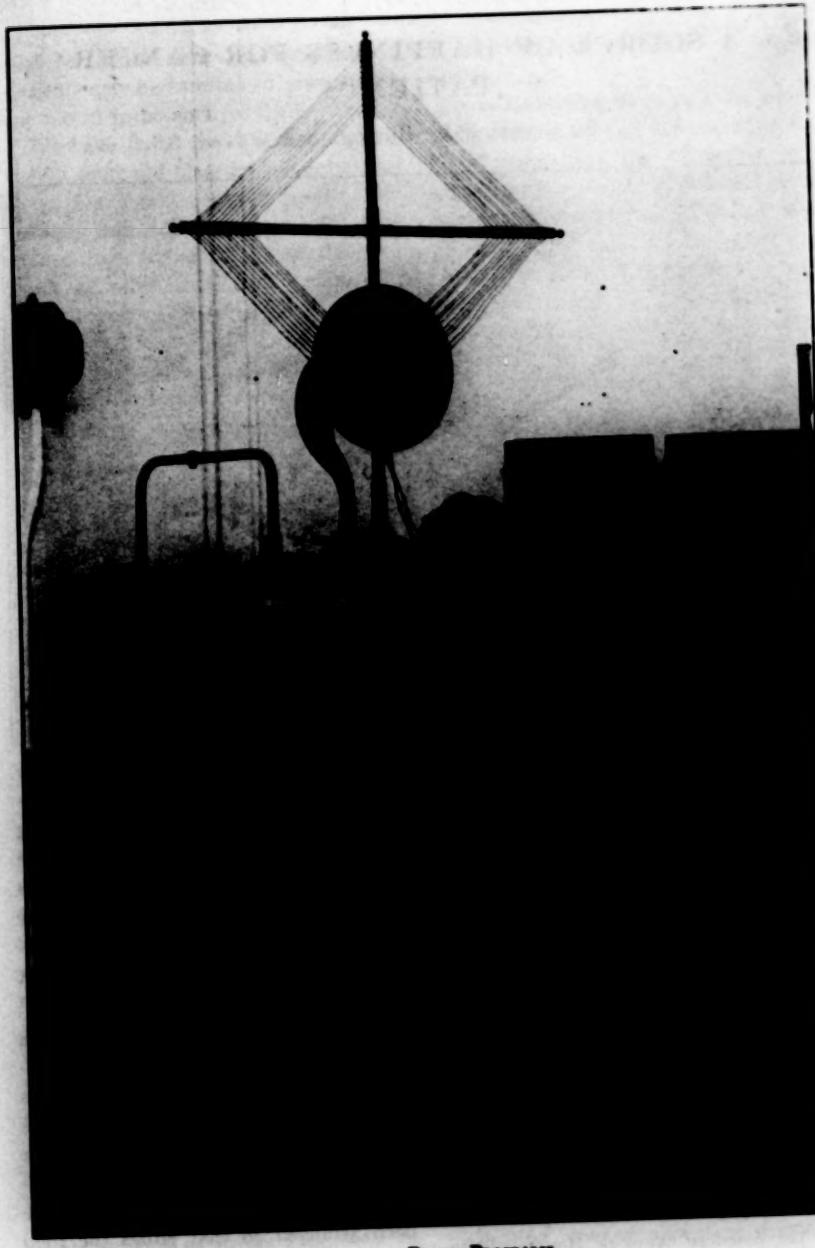
The material from which nurses are made is beautiful young womanhood, potential motherhood. Educators say that to use this material as we have used it, is not for the best interests of either the sick or the well of the next generation, and that our present method combines exploitation with education. Personally, I think nurses and the public will never get together until graduate nurses have representation on the boards of their own schools. No other schools and no colleges that I know of ignore their graduates as do many schools of nursing.

Believing, as I do, that graduates and board members need better mutual understanding, I am happy to say that a member of our Nurses' Alumnae Association has been elected to membership on the Board of Managers of this hospital and that the President of the Nurses' Alumnae Association, by virtue of her office, is a member of the official Training School Committee. Thus encouraged, I venture to hope that some day this, and every other hospital board, will include in its membership an educator as well as a representative nurse.

—From the Annual Report of the Superintendent of the Rochester General Hospital.

IN FAR-OFF INDIA

The thirteenth annual conference of the Trained Nurses' Association of India was held at Madras in February. The Association has a membership of 370 and is working to secure state registration. It is also endeavoring to secure professional representation on any board which is formed to deal with nursing questions. The Association publishes an interesting monthly magazine, *The Nursing Journal of India*.



A SOURCE OF HAPPINESS FOR CANCER PATIENTS

By Gertrude W. Buckwalter, R.N.

Listening in

THROUGH the generosity of kind friends about one year ago, there was given to the Hospital [1] a six tube, indoor loop radio set. This apparatus was placed on a carrier and moved from one ward to another, or left in the hall for all the patients to enjoy. In 1923 a new wing was added to the Hospital and the radio was too small to entertain but a few at a time. As it had proven a source of such wonderful happiness to the patients, the Board of Women Managers installed one of the latest and most improved radio sets on the market.

This equipment enables 35 patients to listen in simultaneously to broadcasting programs through the medium of head telephones placed at every bed; and a special loud speaking arrangement in the solariums allows the convalescent patient to relax and enjoy the programs at the same time.

The actual receiving equipment is located in the main office near the telephone switchboard so that at all times a careful watch may be kept on the quality and variety of the program it is desired to redistribute to the hospital. Separate switching facilities have been arranged so that either the loud speakers or the head phones, or both,

[1] The American Oncologic Hospital, Philadelphia.

may be used in order that convalescent patients may be entertained when others are too ill to be annoyed.

We have found that the radio is not only a source of pleasure and entertainment, but a real curative agent. The patients wait with eagerness until it is "tuned in," giving them something to think of other than their bodily ills. The entertainments are so varied that all classes can be entertained,—readings for those who enjoy something light, lectures for the deeper thinkers and music of all kinds that soothe and quiet the nerves.

It is interesting to go into the rooms and see the change of expression on the faces when they are "listening in": where formerly we saw frowns and heard complaints, now we see smiles and hear, "That a soloist at XYZ is wonderful." One of our patients who suffers untold agony said recently: "The pain does not seem as bad since we had the radio."

Undoubtedly the radio is a necessary part of hospital equipment.

NURSE TRAINING AS AN EDUCATIONAL PROJECT

FIRST PAPER [1]

By Albert T. Lytle, M.D.

THROUGH all the aeons of existence it has been woman's duty, self imposed, gladly accepted, without thought of self, without heed of consequence, to care for the sick and afflicted. It is no wonder, therefore, that she peculiarly is adapted to carry on successfully those occupations which have for their base the physical welfare of humanity.

To one who is accustomed only to think of the nurse as a capable bedside attendant during sickness, the rapid and extraordinary development of her occupation comes as a profound shock. In the United States in the fifty years since the training of nurses was established, nurses have progressed from only caring for the sick at the bedside to duties that include some of the most vital, far-reaching public health and welfare activities. The trained nurse is found occupying positions of trust, management and research in institutional, educational, governmental and social service. To best secure the ends sought therein, the nurse personnel should be equipped with efficiency, initiative and vision that can be acquired only through an advanced degree of liberal education, technical experience and general culture. This has proceeded to such a degree that the fundamental reason for nurse training with the fundamental use of the word "nurse" is in danger of being lost to sight.

That this wonderfully rapid expansion should invite caustic criticism was to be expected. From communications from every state in the Union received during the last few months such censure seems to arrange itself under commercialization, class consciousness, dearth of the spirit of service, shortage of nurses,

[1] Abstract from an address given before the New York State organizations of nurses at Buffalo, October 24, 1923.

lack of adaptability, and over-training; and it seems to come principally from three sources—physicians, patients and hospital managers.

When one recalls that nursing has been developed at the hands of physicians it is amusing to note that these very criticisms also within the last few years have been expressed as caustically of the doctor. When physicians talk of commercialism, decline of the spirit of service, shortage and over-education it more than suggests that "the pot is calling the kettle black."

When hospital managers complain of shortage of pupils, class consciousness and commercialization one cannot help but feel that the fault wholly lies with the hospitals, for they have been almost the sole seat for the training of nurses, and their pupils and graduates have but adopted the principles inculcated by association.

When patients complain, caution must be observed in ascribing it to the irritability of the sick. Trained nursing not only has become a necessity in the best care of the sick, but because of the quality of individual sacrifice formerly so pronounced in service to the sick, has endeared itself to and enshrined itself in the fickle heart of the public. It, therefore, must be admitted that honest ground for honest complaint does exist, which strenuous effort should be made to correct.

From the standpoint of the practicing (family) physician the fundamental purpose of nurse training—the production of trained nurses to care for the sick at the bedside in the home—is not producing an adequate supply. Institutional care gradually is replacing domiciliary care, for which deplorable situation it seriously is stated that undergraduate education is in large measure responsible.

It would seem from governmental statistics that there should be no lack of trained nurses to attend the sick. The complaint, however, is almost universal, and particularly so in regard to domiciliary nursing service. It is the most important problem now presenting and demands immediately to be solved.

In 1919 on the concept of interlocking relationship the author was instrumental in bringing about the incorporation of the Health Conservation League designed to promote economic and legislative coöperation of the four professions of medicine, dentistry, pharmacy and nursing by uniting in a common body annually elected representatives of their several existing organizations. Owing to persistent malicious misrepresentation, the powerful influence for good of this very useful organization has been allowed to languish.

Modern education of nurses in the United States dates from 1903, in which year New York State checked the previous chaotic condition by enacting a law[2] that determined a minimum standard for nurse training schools and which granted the degree "R.N." to those successfully passing its examinations. Educational or scholastic teaching began to be stressed and nurse training emerged from a trade into a profession. Extra-mural schools began to be established and universities to create nursing-educational departments.

That hospital management still clings to the charitable and disciplinary

[2] It should be noted in this connection that North Carolina's Nurse Practice Act slightly antedates that of New York.—Ed.

principles of service and nurse education as inculcated by the German-English class-military system of Florence Nightingale, is shown by conclusion No. 5 of the Report of the Committee on Nurse Education. When one considers that this Committee consists largely of individuals closely connected with hospitals and hospital training schools, this conclusion to say the least is illuminating.

Nurse training or education has reached a stage of development in which two distinct types must be considered; the one,—fundamental,—care of the sick under the physician—in which training as distinct from education should be stressed; and the other,—superior,—teaching and health welfare activities—in which education as distinct from training should be stressed.

In the first or fundamental type the personal service or trade idea is uppermost. Its quality and function more nearly parallel those of the highly skilled mechanic. The skill of the mechanic is dependent upon intelligence rather than education; judgment and knowledge are acquired by iteration and by experience, although no sane person doubts the value of education and of culture, in learning and in following a trade requiring a large modicum of skill.

In the second or superior type the professional idea is uppermost. Its quality and function more nearly parallel those of the professions of law, medicine and the ministry than do such other accepted professions as music, drawing, mechanical engineering, electrical engineering and like vocations.

If these concepts are true the difficulty lies in the present evaluation of entrance requirements, both educational and age; of professional theoretic education, practical training and time; of the relations of schools and hospitals; of domiciliary service and professional activity.

In the three years' hospital attendance generally required, with vacations and days off deducted, 9,874 hours are devoted to educational work, of which theoretical instruction takes 595 hours and practical training (laboratory work) 9,279 hours. For this immense outlay of time, the nurse receives a diploma which has no greater cultural value than that of the high school,—in Philadelphia a high school confers a Bachelor of Arts degree.

To the 9,874 hours of the three years' hospital training add the 3,840 hours of four years' high school attendance, and the Standard Curriculum requires with the extramural study hours many more than 13,119 clock hours to secure an "R.N." degree during the seven years time. Exclusive of the hours given to special technical topics that have little or no cultural value the subjects pursued in the hospital are similar to and in educational value no greater than those pursued in the high school.

As an educational project the fundamental domiciliary type of nurse training school management ultimately will be completely separated from hospital management. Its maintenance and conduct will fall upon the public under the direction if not control of the State Department of Education. Such nurse training schools then will become as much a part of the State Educational system as are the normal schools, the high schools, and the academies.

By a carefully planned gradual advancement covering four years rather

than three, the girl of high school age of sufficient intelligence to carry on the work could cover the theoretical and practical training demanded for the "R.N." as well as the educational requirements for a high school diploma if nurse training became a branch of technical high school work under state control. By proper adjustment her diploma would permit immediate entrance to university schools. With her diploma she would have acquired practical efficiency in nursing of sufficient grade, expertly and intelligently to do domiciliary nursing, or to do nursing in hospitals having no training schools. Hospitals, private physicians as well as the public would be assured of ample nursing service.

The nurse training high school would have a cultural course of education going along with a practical hospital bedside training together covering four years' time of about 10,000 hours. The diploma granted its graduates would stand for a general education equivalent to that of a high school and a technical education nearly if not quite that represented by the degree "R.N." In other words, if the state should require that entrance to a nurse fundamental training school be the same as for entrance to the high school; if it should require that the fundamental nurse training school give a liberal education, equivalent in time and quality to that of the high school and acceptable to the state, the graduate from such nurse training school would meet all the requirements now demanded for the granting of the "R.N." degree. The woman entering nursing could stop at this point to follow domiciliary service, or she could enter university schools and by further education obtain bachelor, master or doctor degree and thereby qualify for the more important positions in public health and nurse education work. This scheme would require of the pupil extramural living during the early years of the practical hospital course. It in no way would lower the desired technical standards of nurse education and training; in fact it would distinctly and measurably elevate them. In addition it would immediately create a supply of trained nurses to meet the demands of the fundamental calling—the nursing of the sick—and it would stop the efforts of the drastic critics to secure legislation to have several grades of certified hospital trained nurses.

This idea may seem revolutionary to many because it takes a girl into the hospital at an early age, but in many hospitals ward maids are of high school age. And, however, a careful survey of the Standard Curriculum shows that it would be possible by increasing the attendance time to four years, to extend certain of the basic scientific subjects, to add other high school topics of cultural value (see Table "D") and to bring that part of practical hospital training which by virtue of its character has elements of danger for a girl under the age of eighteen to a time now acceptable as quite proper. The girl graduating under such conditions could take up college work several years earlier than it is possible to do today.

In these professional type schools in addition to courses leading to collegiate degrees, advanced practical training must be given, for there is no question of its necessity as an essential part of the equipment of those who are to carry on work in the fields of disease

prevention, health improvement and social welfare. An enlarged vision indicates that the places in life's workshop yet to be filled by highly educated trained nurses are many, although therein the actual practice of nursing never will be called into use.

No other system of vocational training so nearly can be made to meet the broad aims of a liberal education as that suggested. The adoption of the scheme herein advocated would divide the schooling periods of a girl's life into primary, secondary and collegiate courses.

TABLE "D"

TOPICS, YEARS, DISTRIBUTION AND CREDITS, PROPOSED NURSE VOCATIONAL HIGH SCHOOL

CULTURAL		
Language and Literature	Years	Credits
*English	4	16
Foreign	4	20
History and Philosophy		
*American	1	5
*Civics	½	2½
*Economics	½	2½
*Nursing	½	2½
*Psychology	½	2½
Esthetics		
Vocal Music	4	4
Drawing	2	4
Mathematics		
*Com'l Arithmetic	1	5
Bookkeeping	1	5
*Algebra	1	5
Science		
Physical Geography	1	5
*Physics	1	5
Zoology	½	2½
*Biology	½	2½
*Chemistry	1	5
*Botany	½	2½
		96½

SUMMARY	
Cultural Subjects Credits	96½
Technical Subjects Credits	17
Vocational Subjects Credits	32
Total Credits	145½
Optional Credits	43
*Required Credits	102½

TECHNICAL		
Science	Years	Credits
*Anatomy, Phy. & Hyg.	2	5
*Bacteriology	½	½
*Materia Medica	1	½
*Applied Chemistry	½	½
*Sanitation	½	½
*Pathology	½	½
Home Economics		
*Foods	1	½
*Dietetics and Cookery	3	5
*Clothing	1	½
*Home and Hospital	½	½
*Hospital Housekeeping	½	½
Typewriting	1	2½
		17

VOCATIONAL		
Theory		
*Emer. Nursing	½	1
*Theory and Practice (Medical and Surgical)	3	10
*Bandaging	½	½
*Massage	½	½
*Communicable D's	1	2½
*Pediatrics	2	2½
*Obstetrics	3	5
Practice		
*Hospital Service	4	10
		32

* Subjects required.

Credit is an equivalent of one hour recitation weekly for 40-weeks year.

as is the general plan of today. In all of these periods "book knowledge" which experience has found valuable is obtained, while, beginning at a time when the mind particularly is plastic and impressionable, come a series of contacts and experiences of a personal nature, all under careful supervision, that are more varied than can be found in any other vocational training and which gradually increase in breadth and intensity so that the "eternal verities" of life are visualized more clearly and their values more surely appraised. In addition to the knowledge and training secured is the spiritual stimulation of the possession of skill in a vocation that offers not only a livelihood, but that quite fully satisfies the biologic fundamental yearnings of the female organism.

If the statement is true that 80 per cent of all girls marry, the potential life occupation of most high school girls is home making and family rearing. It takes little imagination to visualize the utilitarian value of such nurse training education as a preparation for this supreme vocation of life and to appreciate the importance of its obligation to society.

Nurse education "develops practical judgment, self-reliance, responsibility and a knowledge of men and affairs." As "the worth of human society is proportioned to the frequency of occurrence of men and women of keen aspirations, intelligent social purpose and disciplined character," all of which attributes of personality nurse training tends to develop, the value of nurse training as an educational project to round out the individual life easily is understood and admitted.

SECOND PAPER [3]

By Elizabeth C. Burgess, R.N.

WHEN listening to Dr. Lytle's address before the New York State Nurses' Association last October, I was impressed in two ways,—first, by the fact that Dr. Lytle was greatly interested in seeking a solution of some of the problems which the present day civilization is forcing upon the nursing profession, and second, that the radical plan which he proposed not only would not bring about the remedy he aims at, but that as a measure it is opposed to the principles of modern education.

In presenting his thesis, Dr. Lytle gives the impression that he has but recently awakened to the fact of the "rapid and extraordinary development of nursing"; that he is accustomed to think of the nurse merely as the capable bedside attendant and is shocked to realize that nurses are engaged in health preservation programs; that they occupy positions of trust and management in the institutions, and are engaged in the educational field, presumably through the teaching of nursing. He claims that in an effort to secure an advanced degree of liberal education, technical experience, and general culture to prepare the nurse for these

[3] Discussion of Dr. Lytle's paper, prepared for publication in the *Journal*.

latter purposes, the fundamental reason for nurse training, namely, the production of trained nurses to care for the sick in the home has been lost sight of; that as a result there is not a sufficient supply of nurses for this latter service. He also states that it is said that the increasing use of institutions by the sick is due to the type of education now given to the student (undergraduate) nurse. Is Dr. Lytle correct in these assumptions?

During the fifty years since nurse training schools were started, by far the largest number of the graduates of such schools have devoted themselves to the care of the sick at the bedside. The early object of nurse training, however, was not the care of the sick in the home, which Dr. Lytle says is the conception of the practising physician, but the care of the sick in the hospital and the making of those hospitals fit places for the care of the sick; also the visiting and the care of the sick poor in their homes, a type of social service, was an early feature of English nursing. Within the past fifteen years, with the development in preventive medicine, has come the demand for the nurse in the preventive field. This field of nursing has had a rapid growth. The development of these demands has placed an increased responsibility on the hospital and brought about the need of a larger body of graduate nurses. This is causing the breaking down of the apprenticeship system in our hospitals in the same way that the apprenticeship system has been broken down in other fields. As a matter of fact, all professions have passed through this stage, nursing alone not yet having fully emerged. It means that the teacher and educational methods must be brought into our schools of nursing and that nurses themselves must be prepared as teachers.

Notwithstanding these demands on the graduates of our schools, there appears no danger that the private duty nurse will cease to exist. To quote the report on Nursing and Nursing Education in the United States which bases its figures on the census of 1920, "There were (at that time) in the United States 300,000 nurses, male and female. Of these about half were trained registered nurses whose number showed an increase during the decade of 83 per cent (from 82,327 in 1910 to 149,128 in 1920). Of these about 11,000 were engaged in public health nursing, approximately the same number in hospitals and other institutions, leaving over 120,000 in private duty. That there is a constant shifting among these groups there is no doubt, but with our schools of nursing sending out into the field approximately 15,000 nurses yearly, it would appear that those who are withdrawing from the field of nursing are more than being replaced; and if the same proportion of graduate nurses are continuing to enter the private duty field today—and we have no reason to doubt that this is so—approximately 12,000 are going into the field of private duty yearly against 3000 who enter the public health and the institutional field.

Possibly this number is not sufficient to meet the needs of the increasing population, yet at certain seasons of the year the private duty nurse is largely idle, private nursing being a seasonable employment. Among this group are nurses who have had their preparation under all types of conditions, and their training

represents that of the past twenty years. Only a small proportion of the group have received the higher type of education which Dr. Lytle takes exception to for this field of nursing service. That the increasing use of institutions for the care of the sick is due to the type of education now being given to the student nurse would be very difficult to prove. Certainly there are many causes which would be less controversial. Among them may be mentioned the modern apartment house with its lack of accommodation for the sick, the facilities at hand in the hospital which make surgery and obstetrics so much safer and simpler for the patient, to say nothing of the value such conveniences provide for the surgeon and obstetrician, the simplification for the physician of the problem of seeing many patients in different parts of the city when they can be gathered under one roof, together with the entire change of attitude toward the hospital on the part of the public.

Dr. Lytle makes an error in taking for granted that all bedside nursing is of the type calling merely for skill in technic and the carrying out of the physician's orders. As a matter of fact the private duty nurse, especially when with the acutely ill person in the home, bears a much heavier burden of responsibility, is called upon more frequently to meet a crisis and to assume in an emergency the duty which a physician may assume in the hospital, than does the nurse who is caring for the patient in the institution. Training alone which may enable the nurse to skillfully perform some task does not give her the background of knowledge which enables her to know how and when to act, which makes her recognize symptoms, keep the physician informed of conditions, and saves the life of a patient. It is only education which does that. It is not over-education, but under-education which produces the person who merits criticism, whether she be a nurse, a physician, a teacher, or one in any other walk of life.

Dr. Lytle's prescription for the preparation of a sufficient number of nurses for the sick in the homes is one with which I take issue from the standpoint of moral education, general education, and professional education.

First, nursing education lays no claim to being a cultural education; it lays no more claim in this direction than do pharmacy, dentistry or medicine. It claims to be a professional education preparing for the practice of nursing. It is based on a content of general, cultural education which the nurse as well as any other professional worker must have. Second, the R.N. obtained by the graduate nurse after taking a state examination is not a degree, but merely a license given by the state for the protection of its citizens. Moreover, it is an inconceivable thought that children entering high school as they do normally at the age of twelve to fourteen should enter upon the specialized education for nursing which the safety of the sick demands, and that a child passing through the adolescent period should be exposed to the sobering situations and the emotional strain which are inevitable, to say nothing of the material which must necessarily be included in the teaching of all phases of nursing. One of the present problems of our school of nursing is the youth of our students. Only those who have had an intimate connection

with the situation can perhaps fully appreciate the difficulties being met which are due solely to youth. What the situation would be with the girl of high school age is difficult to picture. Certainly there would grow up at once a lack of confidence on the part of the public in the nurse and in the nursing profession which would seem justified.

But let us view the plan from the standpoint of general and professional education. In 1918 a Commission on the Reorganization of Secondary Education appointed by the National Educational Association issued a report known as the "Cardinal Principles of Secondary Education." This report after pointing out the changes in society in the past few decades, the changes in the secondary school population, and the changes in educational theory, gives as the main objective of education the following:

1. Health
2. Command of fundamental processes
3. Worthy home membership
4. Vocation
5. Citizenship
6. Worthy use of leisure
7. Ethical character.

It is probably under vocational education that Dr. Lytle assumes his plan would function. We find, however, that educators particularly interested in vocational education take great care to make certain main divisions of vocational education, such as professional education, commercial education, agricultural education, industrial education, home-making education. They group these under two classes, those requiring technical knowledge, such as professional education, and those requiring a relatively large proportion of manual and other bodily skill. They also make distinction based on the suitable age at which a worker can take up a vocation. Under professional, they include those forms of vocational education the direct purpose of which is to prepare individuals for the successful pursuit of a recognized profession, and under this heading they indicate that nursing shall be placed.[4]

This professional education is not what is referred to in the aims of secondary education. Here it is meant that the child shall "develop an appreciation of the significance of vocational education to the community, explore his own capacities and aptitudes, make a survey of the world's work in order that he may make a wise selection of a future vocation"; and for those children of the type of mental ability which precludes the possibility of their entering higher institutions, give them such vocational education in the industrial, commercial subjects, agriculture, etc., as will allow them to pass early into such work. The high school vocational course is not intended for the girl who would be able to cover a cultural and technical education such as Dr. Lytle outlines. Such a curriculum should be reserved for higher education. I doubt if any educator would accept Dr. Lytle's plan. It not only does not meet the aim of vocational education, but such a course would exclude and even militate against the other objectives of education.

It would seem desirable, with the objective of Worthy Home Membership in view, that Hygiene and the Home

[4] See Bulletin No. 21, Bureau of Education —Vocational Secondary Education.

Care of the Sick should be included in the High School Curriculum for all girls, in order that the eighty per cent of women who, whether or not it be true that they marry, will certainly be concerned in home making and have to do with the health of other people, may be given this valuable information which is not, however, the highly technical education of the nurse. The high school can be of great assistance to the school of nursing through its advice and guidance of students who are interested in entering the profession, and by strengthening their courses in the sciences, such as chemistry, biology, and physics, and offering courses in nutrition and cookery, in order that the best secondary basis possible may be laid for the professional school of nursing.

There are many other controversial points in Dr. Lytle's paper which I would like to discuss. Space, however, prevents my writing on any but those which appear to me of greatest importance.

RADIO MESSAGES DURING CONVENTION WEEK

Through the courtesy of Stations WCX and WWJ, it will be possible for the public and those nurses who cannot reach Detroit during the week of June 16 to 21, to tune in on several public health messages which will be broadcast during the evenings of Convention week.

On June 16, from 7:30 to 7:40 p. m., Adda Eldredge, President of the American Nurses' Association, will broadcast from Station WCX,—the title of her talk being, The Place of Nursing in the World Today.

On June 17, Dr. Charles P. Emerson, Dean of the Indiana University School of Medicine, will broadcast from Station WWJ, from 9 to 9:10 p. m. The title chosen for his message is, Communicable Diseases and You.

On June 18, Elizabeth G. Fox, President of the National Organization for Public Health Nursing, will speak on Nursing the Community, from Station WCX between 7:30 and 7:40.

On June 19, Laura R. Logan, President of the National League of Nursing Education, will broadcast from 9 to 9:10 p. m., from Station WWJ. Her message will deal with Preparing the Nurse for Her Work.

It is hoped that upon his return from Europe, Dr. George Vincent will agree to broadcast some public health message on Friday evening of Convention week.

It is suggested that those who have radio sets make an early notation of these dates on their radio calendars.

SUMMER SCHOOLS

Public Health Summer Schools will be conducted during 1924, at the suggestion of the United States Public Health Service and with its coöperation, at the following institutions:

The University of Iowa—June 9 to July 18.

The University of California—June 23 to August 2.

The University of Michigan—June 23 to August 1 and 15.

Columbia University—July 7 to August 15.

FOUR "CLOSE-UPS" OF HOURLY NURSING[1]

I

HOURLY NURSING IN CLEVELAND

By Olive M. Diederich, R.N.

ABOUT ten years ago, two registered nurses commenced hourly nursing in Cleveland and they are still active in the work. Several other nurses entered the field on a part-time basis, doing hourly work in the morning and having some other position in the afternoon, such as in a doctor's office, dispensary from two to five, or delivery service, but they were unable to continue.

At the present time, Cleveland and its suburbs, have two registered nurses doing hourly nursing, three registered nurses doing delivery work exclusively, one registered nurse doing hourly nursing with delivery service. (There are also five undergraduates doing delivery service, this being a private practice).

Hourly nursing is another form of private duty. It is a private practice because the success of the nurse's work depends upon her own efforts. She must, of course, be able to depend also upon the coöperation of physicians if she is to hope for progress in this line of endeavor. It is patronized by people who are in a position to employ private duty nurses, but who employ the hourly nurse when a full time nurse's services are not required.

There is but one exception to the type of cases which may be cared for; namely, contagion. Aside from this, the field covers medical cases, heart, nephritis, rheumatic, obstetrics; post-operative after leaving hospital; or minor operations in the home.

The nurse's equipment for daily visits consists of a bag with the following contents:

1 mouth thermometer
1 rectal thermometer
1 large enema tip
1 small enema tip
1 glass douche tip
1 colon tube
1 hypodermic syringe and needles
alcohol
iodine
olive soap
green soap
boracic acid
argyrol, 10 per cent
1 scissors
1 bandage scissors
1 pair forceps
1 hemostat
1 probe
1 glass catheter
1 rubber catheter
1 pkg. gauze
1 pkg. cotton
adhesive
flashlight

A visit consists of bedside care, cleansing bath, rub, change of bed linen, and treatments such as colonic irrigation, bladder irrigation, catheterized specimen, hot packs, massage and dressings. Before leaving the patient,

[1] Abstracted from the report of the annual meeting of the Ohio State Association of Graduate Nurses, Columbus, April 16, 1924.

some member of the family is instructed as to treatment, medication, precaution and diet, and a chart is made, so that the physician can see what treatment has been given and can readily leave written orders for the nurse.

While nurses are on call at all hours, an hourly nurse is rarely called at night excepting in the case of a delivery or an emergency. Physicians and patients call nurses through the Central Registry, although many physicians prefer calling nurses directly. This depends upon the service the nurse has given. Work of this kind, when satisfactory, can result in the establishment of a large clientele, but it is very difficult to establish as it takes not months, but years.

Here is one of the methods that was used in working up a practice. About 100 physicians were interviewed, the work was explained, and the doctors were assured of prompt service. Several months later, letters were sent out, reminding them that the work was still being carried on. This brought a better response. After an interval, blotters and cards were sent to about 350 physicians. These created the best impression. Physicians are busy men and need reminders from time to time.

Delivery service in obstetrical cases covers one pre-natal visit, including instruction on general care, diet, exercise, preparation necessary for delivery, symptoms of labor and when to notify physician and nurse. The patient is also urged to see her physician for urinalysis and blood pressure. When the patient is in labor, the nurse goes to the home and prepares for the delivery. Routine treatment is given and a report is made from time to time to the physician.

Included in the nurse's equipment is a delivery outfit as follows:

1 pkg. (2) small sheets
1 pkg. (8) towels
2 pkg. absorbent cotton
2 pkg. (8 sq.) gauze
1. pkg. (8 pads) p. pads
1 doctor's gown

Instruments

1 scissors
1 clamp
2 hemostats
1 large forcep
1 emesis basin
2 sol. basins
1 pitcher
1 measuring cup
1 irrigation can and tubing
1 medicine glass
1 Kelly pad
1 rubber sheet
1 pr. No. 8 gloves
1 rubber apron
1 pr. 7½ gloves
1 tube umbilical tape
safety razor
ether cone
stirrups
1 pr. operating stockings

Medicines

1 can ether
3 amp. pituitrin
3 amp. ergot
3 amp. camphor in oil
nitrate of silver, 1 per cent
No. 2 chromic
No. 2 plain catgut
silkworm gut
needles

Sterile Table

1 pkg. small sheets

1 pkg. towels
1 pkg. cotton
1 pkg. gauze
umbilical tape
1 basin with lysol solution
instruments.

On a separate table or tray are: Boracic acid for eyes, mouth and nostrils of baby and sterile hypodermic syringe and needles.

After delivery, the patient is made comfortable, linens are changed, treatments such as binders applied, ergot, or pituitrin are given as ordered. The baby is given routine care of eyes, including nitrate of silver, an alcohol cord dressing, and it is oiled and bathed. If there is not a full time nurse to care for the patient, the nurse leaves instructions with some member of the family as to routine care and diet for the mother, and makes out a chart and schedule for the baby. Many times hourly nurses give postpartum care. Such visits consist of routine care of mother and baby, with instruction.

Deliveries that have been referred to the hourly nurse by the Visiting Nurse Association or the Metropolitan, are referred back to the organizations after delivery for postpartum care.

Operations in the home are usually of a minor nature, such as curettage, circumcision, and tonsillectomy. The physician leaves orders for the patient and the nurse goes into the home one hour previous to the operation to prepare the patient and the sterile table. After operation, the nurse remains until the patient is conscious.

The average visit requires from one to one and one-half hours. This may vary according to treatments ordered. A nurse having a car can care for more patients than the nurse who has to depend on street car service. The number of calls per day varies, due to distance between cases and time spent on them. A nurse can make from four to six calls per day, but due to irregularities in the work, such as those due to winter being a busier season than summer, she does not really average so many.

The maximum fees for hourly nursing are $3 per hour for the first hour and $1 per hour for each succeeding hour for any day cases; and $3.50 per hour for the first hour and $1 per hour for each succeeding hour for night cases. The minimum fee is $2; minor operations, $7 to $10; deliveries, $10. The nurse is privileged to determine what charge she wishes to make for services rendered. The charge for delivery includes the use of the entire delivery outfit. Ergot, pituitrin, and ether, which are carried merely for the convenience of physicians, are charged to the patient at cost.

It is obvious that the upkeep of an outfit such as is described in the foregoing eats into a percentage of the profit, so that the rates quoted are not net. It must also be remembered that if the nurse drives a car, she has the expense of keeping it in excellent condition, that prompt service may be rendered at all times, and there is a depreciation in driving a car that is also no minor consideration.

II

AS A REGISTRAR SEES IT

By Clara Justice, R.N.

STATEMENTS of several of our leading physicians point to the possibility that in the near future private duty will mean hourly nursing. The nurses engaged in it today are doing the pioneer work, but in a few years the field will be found to be a large one worthy of cultivation. Hourly nursing develops individuality and success depends on the nurse herself. Hourly nursing is something that, like nuggets of gold, has to be dug out of the bowels of the earth. It isn't lying on the top of the ground. You can't merely join a registry and get hourly nursing, because the registries don't have very many calls for it. The hourly nurse has to make herself necessary to the doctor and necessary to the people, and her fame is spread abroad by one person telling another about the good service.

Many nurses, due to the type of training they have had, become repressed and lack individuality. Hourly nursing will bring it back in no small measure because, after all, it is by personal initiative and effort that success is won.

The irregularity of this work is, in a way, fascinating; even the variation in salary has its fascination, because you make just exactly what you are worth. You get a return in money for everything you do and this is a great incentive to hard work.

The hourly nurse should be supported by the doctors. Just think of the help she is to him, and how he should appreciate it! He calls the hourly nurse and says, "I have a delivery due," or the patient calls her, and the nurse goes with her little bag and has everything ready for the doctor when he comes. If he has forgotten the ergot, or the catgut; or this or that, she has it all there. Don't you suppose doctors are grateful for those things? Don't you suppose such service would build up her reputation as an hourly nurse? And she is doing it for herself, the registry is not doing it for her.

It is a satisfaction to all of us to know that what we get out of life is due to our own efforts, and that is the one thing about hourly nursing that fascinates me more than anything else. There is another fascinating thing about hourly nursing, and that is, it is such an independent life, and yet I know of no one who responds to calls more quickly than does the hourly nurse. The charge is not exorbitant, although it seems so, because there are a great many incidental expenses, and the work is irregular.

We can often help others. Finding a new field of work coming into existence, nurses should be willing to coöperate with its pioneers. Many times, for instance, private duty nurses have been on cases where there was possibly only a dressing to be done and have been simply bored to death sitting around killing time. In such cases they might suggest to the doctor or the family that an hourly nurse could come in and do

that dressing! Help the hourly nurse, for she has to depend on her sister nurses as well as on the physicians.

One hears of other things an hourly nurse might do. For example, some physicians employ nurses at a fixed salary to visit cases. Supposing a doctor were called on an obstetrical case and he had four or five cases to be seen that morning. Imagine what a help it would be to have a trained nurse go in and give him accurate information. I am sure if a physician realized the value of having a nurse working directly under him, he would be interested. Of course, there are some physicians who have nurses in their offices who also make outside visits.

Yet another form of hourly nursing is that done by a nurse who takes care of the health of the workers in a large office building, and her work as a public health nurse is really an invaluable thing.

III

A PERSONAL EXPERIENCE

By Mary Jane Leak, R.N.

AFTER entering Cincinnati University last September, I found it necessary to meet part of my expense by doing outside work. The city being strange to me, I placed an ad in one of the daily papers stating that I was a University student and also a graduate nurse, and that I wanted week-end or hourly nursing. Within a few days I received numerous calls. Some of these were from people who had not understood what was meant by "hourly nursing" and they asked me to take care of children, (or in one or two cases, an aged person) for several hours in the afternoon or evening.

The first hourly nursing case I had was bathing a baby each morning. The grandmother of the baby, seeing the ad in the paper, asked me to come over the next morning. The mother and baby had come from the hospital the day before. I called the next morning, and every morning following, for three weeks. The baby was normal in every way except a little underweight. As this home happened to be on my way to the University, I made the call before an eight-thirty class. I found after the first two mornings I had plenty of time if I reached the home by seven-fifteen or seven-twenty o'clock.

Perhaps my procedure would interest you. I left an apron after my first call which I slipped on over my street clothes. The rooms upstairs were not always warm enough at that time of the morning to bathe the baby. The small bathroom, however, was always warm, so I found a little folding sewing table which I stood up in the bath tub. I placed a folded blanket on the middle of this, making a good pad on which to lay the baby. On one end of the table I had my wash basin, cotton, etc., and on the other the fresh clothes. I weighed the baby every morning and gave an enema when the doctor advised it.

Another child I was asked to see was threatened with pneumonia. I did not do much real nursing, as the mother was very capable and used good judgment in caring for the child. She was worried and wanted advice and instruction more than anything else. This child, however, did not develop pneumonia and was up and playing in a few days.

On the whole, I cannot say that the answers to my advertisement were very satisfactory for hourly nursing, but in my opinion it could be worked out well for the University student if the public could be educated to know just what it is. One difficulty I had was in finding someone to take the calls and give information intelligently. I felt several times that the reason I had not received a second call or had a number left was because the person who answered the telephone had not made the proposition attractive enough. All my work was done without any help from the University.

IV

HOURLY NURSING ON A PAY BASIS AS CONDUCTED BY A VISITING NURSE ASSOCIATION

By Mrs. Stanley Merrill

THE pay service of the Visiting Nurse Association of Cincinnati is intended to meet that large need for hourly nursing where the patient is not ill enough to need, or for financial or housing reasons, is unable to employ, a full time nurse. Such cases often require a short and definite service only. A fee of $1 for the first hour and 50 cents for every added hour is charged. Our hourly nurse can also be had to assist in minor operations.

Feeling that this service was not widely known by the public, the Pay Service Committee, a year ago, started to advertise by posters in the hospitals, drug stores, charitable and social institutions, and mothers' clubs, and by sending pamphlets to every physician in the city. It was difficult at first to overcome the feeling that the Visiting Nurse Association was solely a charitable association. We feel that in helping to solve the question of nurse shortage, which is often such a serious one, we are helping a lot by offering this service. More and more frequently we are having our nurses called by patients who previously had indulged themselves by employing full time nurses for their comfort, rather than for any real need. We feel that our service is of very great value to the family of small income which would hesitate to use our general service.

The total amount of our fee service in 1922 netted us $916.70; in 1923 this sum reached $1,330.35.

One bleak morning we were called to a family through the Metropolitan service. We found a child, Virginia, four years old, who had been seriously burned by the explosion of a hot water heater. The family doctor had ordered

dressings which needed changing once a day. The mother was noted to be pregnant. She stated she was not a Metropolitan policy holder and asked if she could pay for our service. When explained, she gladly used the privilege of our pay service for little Virginia and for her own confinement.

An old lady who seemed to be feeble-minded was making her home there. The new baby was to arrive in a few months. Instruction was given the mother as to the care of herself and preparation for the new baby, and we assisted in finding a home for the old lady. It is through such cases that the Visiting Nurse Association of Cincinnati hopes, by continued effort, to develop its pay service into a large and useful service to the community.

THE TRAINING SCHOOL COMMITTEE—ITS OPPORTUNITIES AND OBLIGATIONS

By Ruth Hart Eddy

IN discussing the development of training school committee work from the non-professional viewpoint of a committee member, there are three aspects to be considered: the committee in its relation to the hospital, its coöperation with the administration of the school of nursing, and its internal organization.

The first function and the one that is generally accepted as the most important is the committee's position as the representative of the interests of the school of nursing on the board of trustees or directors of the hospital. It is recognized that for best results in the school it is necessary to have a committee made up of those vitally interested in its development who are able through their representation on the board of trustees to keep the interests of the school before that body. This function is so generally accepted that it is needless to touch on it further, but very little has been said on other possibilities for service in its relation to the school of nursing.

In considering the various committee activities it is taken for granted that the hospital and training school administration are sincere in their desire for active coöperation. If this is so, a certain amount of effort must be put forth by them to hold the interest of a committee composed of persons with a multiplicity of other obligations. No principal of a school of nursing can expect to do this by a cut and dried report of the happenings of the past month together with a few figures and statistics. People are interested and willing to work when they see a need for their services and when they are given a definite object to accomplish. It is, therefore, advisable for the principal of the nurse school and the chairman of the training school committee to have some constructive plan in mind and to give each member of the committee a part in carrying it out.

This article does not deal with the permanently endowed school or one operating on an independent budget, but rather on the school maintained in connection with a hospital and coming immediately under the supervision of the hospital trustees.

Assuming that a progressive principal is put in charge of the school, it should be the first responsibility of the training school committee to see in what way it may be of the greatest assistance in the carrying out of a program progressive enough to keep up with the trend of modern nursing education and yet practical in its application to local problems and conditions.

The relation of the training school committee to the principal of the school is of great importance and is one where absolute confidence and coöperation are necessary. After a principal has been placed in charge of a school, it is her opportunity to develop it according to her best judgment and the initiative should come from her in all matters pertaining to its policies. The committee should stand ready to facilitate her plans and to help her in every way to the best of its ability. It should always keep in mind the fact that she has been chosen for this position because of her special training along lines which fit her for the dual responsibility of administrator and teacher, while the committee at best is composed of persons without the technical education needed for the details of management of so complicated an organization as the modern school of nursing. The committee should, however, be consulted on any new departure from the established order of the school, for in many cases there are local conditions not readily understood by one coming from outside the community which may prevent the successful execution of policies which have worked out well in other places.

Inasmuch as the committee is of necessity a permanent body which will continue in office during many administrations, it is its direct responsibility to see that the school maintains a high standard and that it is not allowed to fall below the strictest educational demands during any change in administration or policy.

If the principal is given a free hand to develop the school along different lines from those to which it has been accustomed, there should be some way by which the committee is able to judge the results obtained. To do this intelligently a certain amount of knowledge is necessary for committee members as to the courses given in nationally recognized schools, so that they may compare them with those given in their own. They should keep in touch with the new ideas that are constantly developing along educational lines and endeavor as far as possible to apply them. Above all they should be conversant with the curriculum of their own school so as to be able to know in what way, if any, it is falling below its requirements and failing to fulfill its obligations as an educational institution.

This knowledge may be gained and the committee kept in touch with the school by the use of the training school records, and the committees should require that the training school office install records that will enable it to check up on the work being done. These records should show not only the amount of time assigned to each student for the various services, but the number

of hours devoted to the theoretical content of the course. If they are kept up to date, it is a comparatively easy matter for a sub-committee to go over them every month and present a report at the committee meeting. This report should show how the student's time is spent, whether she is getting the proper diversity of practice, and also any changes in the curriculum. It will give a basis of comparison during any change in administration and enable the committee to find exactly how the standard of the school is being maintained. Only by the concrete figures given in this report can the committee judge for itself the conduct of the school, for no amount of inspection or of visiting classes will give the detailed information upon which it must rely.

The committee should be in touch in a general way with the budget of the school. It will repay the trouble involved to have a sub-committee that will study out and report on the amount spent by the hospital on the school and the amount repaid by the school through the service of the student nurse. This is a matter of rather exhaustive study, taking into consideration the cost of upkeep of the nurses' residence, salaries paid in the school, teaching, equipment, etc., before reaching the per capita cost of the student to the hospital, and charging that against the value of her service to the hospital, reckoned on the length of time she has been in the school. These figures are interesting and may prove of value when urging the needs of the school before a board of trustees bent on economy at its expense.

Certain expenditures which are purely for the school should not be expected from the hospital, but should come either from tuition fees or be met through the efforts of the training school committee. If new and elaborate additions to the teaching equipment are desired or new books of reference needed the committee should exert itself and see how the demand can best be met. It would also seem to come within its province to supplement salaries paid by the hospital so as to obtain a higher grade of instructor or supervisor than the hospital feels it can afford to pay.

In its relation to the life of the student body a training school committee can find many ways to be of use. It should in the first place be perfectly acquainted with the living conditions in the nurses' residence. Overcrowding, lack of proper bathing facilities, and poor food are conditions which reflect directly on the efficiency of the school and are frequently due to the failure of the committee to insist on the improvement. Inspection of the nurses' residence with these things in mind should be made at frequent intervals and reports and suggestions given at committee meetings.

If no social director is provided by the hospital, a sub-committee should be appointed to come in touch with the students, for a personal contact between individual committee members and students is conducive to a mutual understanding and interest. Facilities should also be furnished for recreation and no opportunity lost in making the student feel the real and personal interest taken by the committee.

In matters pertaining to the educational side of student life the committee might not only show its interest in the student, but increase the facilities of

the school by offering scholarships available for the third-year student, through which she may acquire elective courses for special preparation in public health work, teaching, or hospital administration.

There is no need for the discussion of matters of discipline in full committee meetings. A sub-committee, composed of the superintendent of the hospital, principal of the school of nursing, president of the board of trustees, and one or two members of the training school committee, can handle them with much less discussion and difficulty.

In this connection it must be remembered that practically every hospital is dependent on the good will of the community which it serves and that nowhere has it a greater asset than the type of nurse it graduates. On the other hand, one irresponsible, incompetent nurse can do incalculable harm to an institution through the people with whom she comes in contact. It is, therefore, to the interest not only of the school, but of the hospital to admit none but the highest type of student and to eliminate freely those who fall below the strictest requirements. Much criticism, both of individual members of the nursing profession and of the schools that graduated them, could have been avoided had this responsibility been recognized by training school committees and the incompetent and undesirable student eliminated before giving her a diploma and letting her go out into the community as a product of their school.

There is no subject of greater interest to a community than the improvement and conservation of public health, and the aim of all nursing education is to furnish a specially trained group to work toward this end. To give this group the proper preparation and standards is the problem of our schools of nursing today, and members of training school committees should realize their responsibility and opportunity for service not only to the school and hospital in which they are especially interested, but to the community as a whole.

INTERNATIONAL SCHOLARSHIPS

The International Institute at Teachers College is offering scholarships covering the cost of tuition (approximately $250 per year) to a number of foreign students who are preparing to return to their own countries to carry on educational work. Well qualified graduate nurses from foreign countries who wish to study in the department of Nursing Education at Teachers College may apply for these scholarships. It is essential that such students should have a general education equivalent to secondary school standing and that they should have a good command of English. To qualify for admission to the Nursing Department they must be graduates of nursing schools of good standing and must be recommended by recognized members of the nursing profession in their own countries.

Applications should be made to the Department of Nursing Education, Teachers College, Columbia University, New York City.

THE FIELD OF THE GRADUATE NURSE

A valuable contribution in stimulating student nurses to choose a special field of work has been given by Marion Crowe, Superintendent of the Visiting Nurse Association of Portland, Oregon, who brought the Senior nurses of the local hospitals together at a series of teas held in the rooms of the Association, enabling them to become acquainted with the women engaged in many varied lines of nursing activity and to learn some of the aspects of their work.

Too many nurses graduate from training schools with practically no knowledge of any form of nursing service save that concerned with private duty.

EDITORIALS

Social Service for Nurses

MANY years have passed since a wan faced little patient sat up in her bed in the middle of a night of suffering and remarked to the writer, "Who is going to take care of you when you are sick?" Thus penetratingly did a little child state a real problem. All too few grown-ups, even those of our own profession, realize that the sick nurse is quite frequently in a plight somewhat comparable to that of the classic shoemaker's child. The question of who is to care for her is one that requires to be asked with almost tragic frequency.

A number of agencies not only ask but answer it in accordance with the means at their disposal after the needy nurse has been found. In this connection the Red Cross, the Veterans' Bureau, the National Relief Fund and the various nursing organizations immediately come to mind. Pathetically often, however, nurses fall ill away from family and friends and in places where they have made no connection with local nursing organizations. Sometimes the nurse is too ill to make such connection. Oft-times she shudders at the very thought of confessing her plight. Particularly is this true of the lonely ones, those most in need of the sympathetic understanding of a kindred spirit.

We are not sentimental. We dislike trite phrases. But there is only one way in which to describe the social service for nurses that Mary Magoun Brown has given for three years under the aegis of the Red Cross and in cooperation with Henry Street Settlement and Teachers College in New York City. Miss Brown has quite literally been an angel of mercy to more than six hundred nurses. More than three thousand visits were made, but the service rendered cannot be tabulated in approved statistical fashion. How put down in columns the real worth of the understanding kindness that knows just when to pack a trunk and buy a ticket, when to place the emphasis in treatment on diversion, or when on diet? Many services rendered have been tabulated, such as the number for whom hospital care was secured, the number sent to Bay Shore, that happy retreat on Long Island, for convalescence; but things of the spirit can neither be weighed nor counted. Neither words nor figures ever do justice to the shining spirit of true social service.

Miss Brown is now on the far side of the Atlantic or we should not have dared mention that modest person in these pages. We are deliberately holding her up as an example, because we know that in every city there are nurses pining for companionship, needing care, or maladjusted in some way. We know that no one person could ever uncover all the sick and unhappy nurses in a city like New York—nor perhaps in any other city—but we believe that Miss Brown has opened up a vista of what may be done, through coöperative effort, to help restore many useful members to society. We know we shall be forgiven for turning on the spot light of publicity if somewhere, somehow, this type of social service is extended.

A Distinguished Occasion

NEVER were meetings more truly inspiring than the Alumnae conferences of the Department of Nursing Education at Teachers College in April. Every alumna rejoiced in Miss Nutting's restoration to health and in her address and contributions to the discussions, for she was at her own stimulating and inspirational best.

The feature which will make this year's conference forever memorable to those who attended was Miss Goodrich's response to the presentation by the Alumnae to the College of the Annie W. Goodrich Lecture Fund. The Fund will be used to secure occasional special lecturers. Of the gift Miss Goodrich writes:

> I cannot let pass the establishment of the lectureship fund, which was made to seal, as it were, my little part in the development of nursing education at Teachers College, without some farther-reaching expression of my appreciation of the beautiful thought and tribute of my colleagues and friends than my poor, stumbling words on that occasion—an occasion which seemed to gather, as does the sky at sunset, in one massed loveliness, all the rays that have lighted the path throughout the heat and stress and strain of the long day, and that made a wonderful setting for those figures around whom must always be woven the history of nursing education—Dean and Mrs. Russell, Mrs. Helen Hartley Jenkins, Miss Nutting and Lillian Wald. It was a lovely thing to have one's connection at the college sketched by a pen that never fails to enrich and dignify whatever it touches. It meant much to have a colleague make the presentation who had worked close beside one through a period of unprecedented demand and anxiety. It was a profoundly touching thing to feel radiating through one the love and sympathy of those—some present and many absent—whose fellowship of thought and action have created whatever of enduring value those classroom hours held. I wish I knew how to thank my dear colleagues and friends. I only know that I never can.

"Dying to Win?"

A MIGHTY social and intellectual force is assuming tangible and imposing form in Cleveland. The schools of nursing of Lakeside and Maternity hospitals are merging with the new School of Western Reserve University and, instead of organizing its own school, the Babies' Hospital will become the pediatric department of the greater school. How thoroughly logical the mere announcement sounds. What could be more reasonable than that the new hospitals forming what is known as the University Group Plan, together with the well established University Public Health Nursing District, should provide the teaching field for the University School? [1]

How pregnant with significance the announcement becomes when it is recalled that the Lakeside school has borne an honored name for more than a quarter of a century and that its record of achievement is an enviable one. It requires courage, vision and idealism to submerge such a school. Lesser in degree, because of its brief history, but not in kind is the action of the Maternity School. Is this a case of "dying to win?" It is death so far as form is concerned. We believe it is no more death of the spirit of these schools than we believe that the spirit of a great leader, such as Isabel Hampton Robb, dies when the body dies. Well we know that the spirit of that great woman still lives. The intellectual and

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[1] Catalogues of the University School of Nursing are now available.

spiritual forces that have made Lakeside and Maternity what they are will live on in the new school, enriching and vitalizing it, endowing it with honorable tradition and, in a profound sense, perpetuating that spirit of service that must forever be the essence of nursing. With such a heritage, with suitable equipment, and with wise leadership, the great new school must surely attain its goal, that of developing and fostering a type of nursing education that will adequately prepare young women for community needs as expressed by the demands for administrators and teachers, in both the institutional and public health fields and for nurses for the care of the sick in institutions and homes.

In Regard to Instructors

NURSING schools are still having difficulty in securing instructors. Many schools are going to be hampered this year again because they cannot secure properly trained instructors for their work.

What is the trouble? There is a rare field for service here for those who are interested in nursing education. Salaries are improving and the opportunities opening up to instructors in the new central schools, in university schools, in visiting and hospital work are often very attractive to ambitious young women who enjoy study, who like the personal contact with students, and who prize a certain degree of independence in their work. What can be done to keep the ranks full and to prevent such a large turnover in this field? The main difficulties seem to be:

First. The heavy teaching schedules in many schools. It cannot be repeated too often that teaching requires a much greater expenditure of nervous energy hour for hour than almost any other form of work. It requires more preparation. It is not completed in the class room but follows the teacher to her office and bedroom in the form of papers and notes and examinations to be corrected. This means that the teacher must have a much lighter schedule of hours "on duty" than other workers in the hospital. Twenty hours a week is considered a maximum schedule of actual teaching hours for high school teachers while many nursing instructors carry fifty hours a week in teaching and in other assigned duties which may have no relation whatever to her main job.

Second. The average instructor has too many subjects to teach. It is still not uncommon to have a request for an instructor "to teach the Standard Curriculum." No teacher can do justice to ten or twelve subjects. If she carries two or three, it is all she can usually do well, though in the pioneer stage of any teaching work this limit may have to be extended a little. The vaudeville teacher is never a real asset, however, to an educational institution, though she may seem to be a great economy. The more subjects she tries to carry, the thinner and poorer the teaching, as a rule.

Third. In order to get any real satisfaction from teaching, it is necessary to have time and facilities for doing the job in something better than the sketchy, superficial way, and at the breakneck speed we often find in nursing schools. The teacher of science, for instance, knows that her students lose at least fifty per cent of the value of the course without good demonstration and

laboratory work, and she can't be really happy in her work until she can offer them the best she can give.

Fourth. The instructor has not yet won a recognized status in the majority of nursing schools. She is a sort of nondescript extra, sandwiched in somewhere near the end of the hierarchy of superintendent, assistants, head nurses, *et cetera*. That situation is improving, however, and we have now a few educational directors who rank as they should with first assistants both in status and salary. Few ambitious young women will put the time, money and effort into special preparation for teaching if they find themselves no further on at the end, than if they had remained on salary on the hospital staff. They must prove themselves, of course, before they are advanced to the higher positions and salaries, but such incentives should be provided if we are going to get and keep teachers in our schools.

It is reasonable to expect that these adjustments will take a little time and that the instructors will cheerfully bear their share of the difficulties during the reconstruction period, but we shall carry the present scarcity on through the years unless we can make the younger nurses see that there is something really interesting and tremendously worthwhile in this field and that the teacher has a very promising future before her.

In the meantime, what is each individual school doing to fill *its own vacancies*, not to mention any contribution to other schools? Would it not be expected that every school and particularly our larger and more fortunate schools, should aim to make their production at least equal to their consumption of instructors? Instead of waiting, on the chance of securing a trained instructor from somewhere else, could more of our schools assist their own promising graduates with loans or scholarships and urge them to take training, assuring them of positions on their return? Much more might be done along these lines.

In order to interest young graduates in teaching, there is nothing better than giving them a little teaching to do. All head nurses and supervisors should, if possible, have *some* teaching in the form of quizzes or ward clinics or other class work. This helps also in relieving the regular instructors.

Institutes, summer sessions and evening courses are excellent ways of getting a little introduction to the teaching field, and extra time might more often be allowed as a special incentive to nurses in service who desire to equip themselves better in this way.

Trained supervisors and assistants are needed quite as much as instructors and many of these suggestions apply just as much to them, for they are responsible for most of the ward teaching. It is from these two groups that we are going to draw our superintendents of nurses, our deans of University Nursing Schools and our educational leaders, and unless we can get them started early in their special preparations we shall go on bewailing, as we do now, the lack of qualified women for our big responsible positions in nursing schools.

ISABEL M. STEWART

TUNE IN ON DETROIT

NO Convention has ever been planned with greater perfection of detail than the Biennial to be held in Detroit the week of June sixteenth.

Even the stay-at-homes, those who from choice or necessity will not attend the meetings, may experience the thrill of hearing the presidents of the national organizations and one or two other speakers over the radio. Note the radio program on another page and tune in on Detroit during convention week.

Interesting Exhibits at Detroit

THE program for the Detroit Convention is so rich and varied that those who attend are bound to feel like the small boy who, at Thanksgiving dinner, requested permission to slide down the banisters between courses, thus hoping to increase his capacity. Undoubtedly we shall all wish for some mental substitute for banisters during the great week in Detroit!

No one with any breadth of interest can possibly see and hear all that would prove profitable, so it is important that a wise choice of sessions and round tables be made. The program as published in April, with some additions and few changes, is increasingly promising. Long in advance delegates will have planned for their more important conferences. We recommend that each one develop a convention technic! Immediately after registering, check on a program the events that must not be missed. Note on it all engagements. Allow definite time for exhibits. *Exhibits should be classed with those things one cannot afford to miss.*

Every inch of available space was long since "snatched up" by exhibitors. It will be used in a thoroughly educational fashion. Exhibitors, of course, will be delighted to receive orders, but their main purpose is that of letting nurses know about their products. Many of the wares to be shown are already well known. All should be better known.

If the time and thought spent on the non-commercial exhibits, of which there will be many, is any measure of their interest, they will be constantly surrounded by spectators. The lessons to be learned have to do with many phases of the nursing and health programs of the country. We urge you to make careful plans to see both commercial and non-commercial exhibits. You will be repaid.

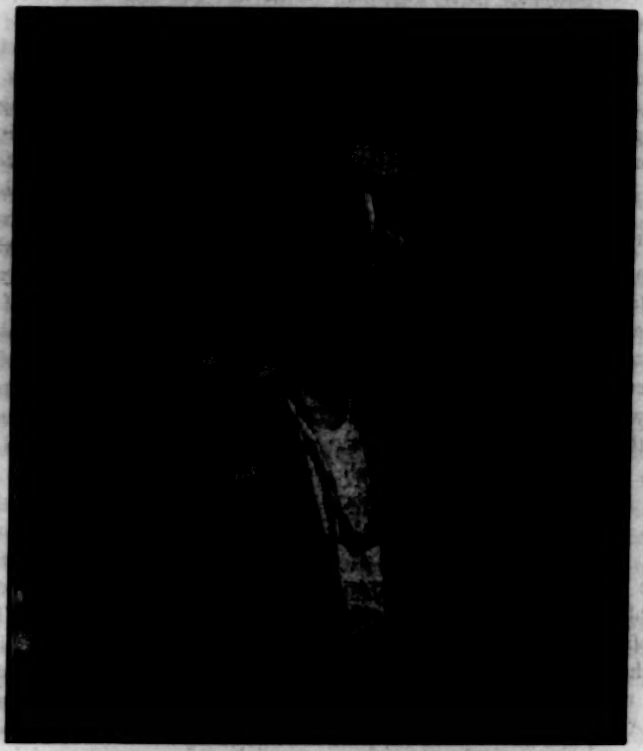
A PRIZE ESSAY COMPETITION

Preliminary announcement of a prize essay competition on the vitally important subject, "The Inter-relationships of Hospital and Community," is made by The Modern Hospital Publishing Co., Inc., in the June issues of *The Modern Hospital* and *The Nation's Health*.

Three cash prizes of $350, $150 and $100 will be awarded, and there will be such honorable mentions as may be authorized by the Committee of Awards.

The purpose of this competition is to concentrate the thought of hospital, public health, medical and social welfare workers on this timely subject for the purpose of crystallizing opinions and defining future objectives.

The general program for the competition may be obtained on and after June first from The Modern Hospital Publishing Co., Inc., 22 East Ontario Street, Chicago, Ill.



XXXV. AGNES GARDINER SHEARER DEANS

BIRTHPLACE: St. Mary's, Ontario. PARENTAGE: Scotch. PRELIMINARY EDUCATION: Private and public schools of Ontario. BUSINESS COLLEGE: Detroit, Mich. PROFESSIONAL EDUCATION: Graduate in 1896 of Farrand Training School, Harper Hospital, Detroit. POSITIONS HELD: Supervisor, Children's Free Hospital, Detroit, 3 years; Superintendent, Woman's Hospital, Duluth, Minn., 2 years; established Central Directory for Nurses, Detroit, and served as Registrar, 1 year; Acting Superintendent, Visiting Nurse Association, Detroit, 1 year; Associate Superintendent, 6 years; Head Nurse, Tuberculosis Clinic, Department of Health, Detroit; Superintendent, City Hospital for Tuberculosis, 2 years; Department of Nursing, American Red Cross, June, 1917, to July, 1920; Director, Social Service Department, Washington University Dispensary, St. Louis, 2 years. OFFICES HELD: Secretary, Wayne County Nurses' Association (now First District); Secretary, Michigan State Nurses' Association. Helped draft and secure enactment of law for registration of nurses in Michigan; Secretary, American Nurses' Association, 1909-1913; Member, Board of Directors, American Nurses' Association, 12 years; Member, National Committee on Red Cross Nursing Service, 1918 to present. PRESENT POSITION: Secretary, American Nurses' Association and representative at headquarters. ADDRESS: 370 Seventh Avenue, New York.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

OUTLINE OF A COURSE IN PEDIATRIC NURSING[1]

BY GLADYS SELLEW, M.A., B.S., R.N.

THE demand for courses in pediatric nursing and child hygiene is constantly increasing. This demand comes from three sources; the students in schools of nursing, the students of the kindergarten training schools, and the practical workers who care for children. I feel that the schools of nursing are the logical centers for such instruction and their curricula should include definite courses in pediatric nursing. Such courses, planned for the student nurses, could be modified to meet the needs of the kindergartner and the practical worker.

The student nurse of today must fill a far more exacting position than she held a decade ago, and if she is to take her legitimate place as a prepared nurse she must be thoroughly competent to meet the new demands upon her skill and ability. The school of nursing gives a basis of instruction leading to the title of graduate nurse, but this is not all-sufficient; such instruction should make it possible for the nurse, during the later part of her training or as postgraduate work, to specialize in some branch of nursing. The primary course of pediatric nursing must, therefore, include such nursing procedures and elements of child hygiene as will fit the student for the duties of a graduate nurse, and at the same time form the basis for specialization; although it cannot include the subjects peculiar to any specified branch of pediatric nursing.

In planning the course we must remember that the child is an entity; his needs cannot be divided into groups of physical and mental, nor can this entity be separated from his environment. The pediatric nurse must have some idea of social work and the elements of kindergartning, for she cannot adequately meet even the physical needs of the child without such knowledge. This is true even if the nurse limits her work to the care of the acutely sick child; and we know that the majority of our nurses will not limit their field to bedside work, but will advance to various forms of public health nursing. A nurse of this group will need the broad outlook even more than does the bedside nurse, and she cannot trust to late training to gain the social outlook or the elements of Froebel's teaching. She must receive the knowledge while she develops her skill in pediatric nursing. It must be an integral part of her training, guiding her work from the onset to the end.

If what I have just said is true, and both the ability to guide the child's

[1] This outline does not include nursing procedures, since there are many excellent books giving procedures necessary to pediatric nursing, nor does it give the principles of child hygiene, for there is also much literature on this subject. I have attempted to give an outline that might help an instructor who had not worked upon a large pediatric ward nor seen the conditions existing in the tenements of a large city, so that she may teach a class of nurses to meet these conditions if called upon to do so.

mental growth and the social outlook are necessary in the type of work for which the graduate nurse is preëminently fitted, they are of even greater importance in all branches of work where the nurse, the kindergartner, and the practical worker are being tried out, to prove who best meets the needs of the situation. The care of the sick child, the follow-up work of these cases, and the teaching of child hygiene in the homes, if not in the schools, belong to the nurse; the kindergartner will always fill those positions where the psychological needs of the normal child are preëminent, and some social organizations will always employ the practical worker where they consider that no special training is necessary. But there are other positions. For instance, in a day nursery the caretaker (I use the word caretaker advisedly to emphasize the precious charge that is hers, the care of the body, the training of the mind, and the vast opportunity for social service) shall she be a nurse, a kindergartner, or shall we leave this fertile unploughed soil to the practical worker? This is a problem to be answered by the needs of the individual case, but if the nurse is to fill positions of this nature she must have adequate training, that the children under her care may develop normally in body, mind, and character.

The kindergarten training schools have recognized that the physical and mental needs of the child cannot be separated and that their students must have training in child hygiene. In the Cincinnati Kindergarten Training School such instruction is given by the instructor in pediatric nursing in the School of Nursing and Health of the University of Cincinnati, the course being an adaptation of the work given to the students of nursing. These lectures were included in the curriculum of the Kindergarten Training School primarily that the students might practice and teach by example the laws of hygiene in the kindergarten and the home. But this course has a secondary function; viz., to fit the young woman for positions open to both kindergartner and nurse.

I doubt if any untrained woman is competent to be in charge of a group of children. She should be taught the fundamental principles governing the care of the child and every school of nursing ought to stand ready to offer such a course. The primary reason why the practical worker is chosen for the care of the child in the day nursery, the orphan's home and the fresh air farm, is because she will work for a lower wage than does the trained worker. It is not a purely theoretical discussion of who is best fitted for the position; unfortunately we cannot disregard the economic side of the situation. The selection of the woman to fill these positions is influenced by the question: does the practical worker, with or without a minimum of training, the graduate nurse, or the kindergartner give the greatest service for the wage received? If the nurse is to fill these positions, the importance of which we are only beginning to appreciate, we must give her the best training that lies in our power. She must be able to prove beyond doubt that in value of service rendered for pay received, she outstrips all other workers.

We have shown that the conception of what should be required of a

pediatric nurse has changed in the last decade. We must consider the difference between the present type of student nurse and that of twenty years ago. Formerly our students were women of twenty-five or thirty years of age, accustomed to working in the home and to dealing with a situation as a whole. Now we have the student fresh from high school accustomed to study, and accustomed to performing definite forms of hand work under definite instruction, but unaccustomed to work, either mental or manual, away from the class room. We have in this girl an excellent foundation, the foundation which we need for the nurse of today, but she requires a different type of training than that given to the student of twenty years ago. This change, both in the product which the training school must turn out and in the raw material which it receives, calls for complete reorganization of educational preparation of student nurses.

An adequate course in pediatric nursing should include at least nine weeks upon a large pediatric ward where baby nursing procedures are demanded, and may be carried out by the student under the close supervision of an instructor in pediatric nursing. This course should be preceded by or accompanied by a series of lectures upon pediatric nursing, given by a physician. These lectures should include child hygiene and a discussion of the diseases of children, but in my opinion should not include any nursing procedures. The student's knowledge of pediatric nursing is increased by adding to these lectures a course given by the instructor in pediatric nursing. She might present the nursing procedure adapted to the disease discussed by the physician, or her demonstrations might be independent of his lectures and bear a close relation to the work in the ward at that particular time. It is possible that there is no pediatrician available to give the required instruction in child hygiene and diseases of children. It is then necessary that the instructor in pediatric nursing assume this function. She lacks the knowledge of disease that lies behind the physician's lecture, but a nurse of wide experience and earnest study may give a series of lectures from which the student may benefit as much as from the instruction given by the physician who is pressed for time and to whom the pediatric class is a matter of secondary importance. There are many books upon the diseases and general care of children which the instructor might use as reference or text books. If the pediatric ward is small and does not contain representative cases, it is necessary for the instructor to present a mental picture of those cases which the student is certain to meet in her later work. If possible such a picture can be made more vivid, more helpful, by a visit to a large pediatric hospital. There are many excellent text books giving nursing procedures peculiar to children and the adaptation to pediatric nursing or procedures common to other fields of nursing. But it lies with the instructor to bridge the gap between the detailed and mechanical procedure of the text books and its application to the living child. The lectures should be an integral part of the instruction upon the ward.

Since pediatric nursing is best taught through the clinical method, it is well to combine in each lecture a definite

nursing procedure with the care of a definite sick child upon the ward, impressing upon the mind of the student that each procedure is only one necessary detail in the general plan for the patient's recovery,—a plan worked out by the doctor and carried out by both doctor and nurse. Since few wards have cases illustrating every type of problem in the ward at one time, there can be no set sequence of lectures. But a tentative outline is as follows:

In the *first lecture* the student is shown how to lift and hold an infant. The flexibility of the neck and spine is shown and the need for adequate support. The danger of the nurse soiling her hands with the stool and thus carrying infection to the baby's face, is pointed out. We then show the necessity for the nurse washing her hands before touching another child.

This demonstration is followed by the bathing of an infant under one year of age. We choose a child who has the sores behind the ears, under the arms, and in the groin, resulting from careless bathing, whose body is rough from the use of improper soap and whose head is covered with the greasy scale common to the neglected child. A correct bath aims to avert these evils, thus giving the child bodily comfort, the basis of the doctor's plan for its recovery. It is well to assign this child to one of the students, not necessarily one who is working upon the pediatric ward at the time, to follow up and to report to the class upon its progress.

In the *second lecture* we show the students how the infant is fed at the breast, from a bottle, a Breck feeder, a spoon, a medicine dropper, and by gavage. Feeding the infant at the breast is demonstrated by the wet nurse feeding her infant before the class. This includes the care of the breast and the nipple and the manner of expressing the milk if the child is not to be put to the breast.

To feed the infant from the bottle is a simple task if the infant is well and strong, but to feed a weak captious infant taxes the intelligence, ingenuity, and patience of the best pediatric nurse. The size of the hole in the nipple must be adapted to the contents of the bottle and to the child's ability to suck and swallow. This point is demonstrated at length; several types of feedings should be used and nipples with large, small, and medium holes. A representative group of babies must be presented to the class and the students shown the different ways in which infants suck; that some babies draw the mouth closely around the nipple and so do not draw in air when sucking, while others grasp the nipple between the gums, holding the mouth in a horizontal position which causes the infant to suck in air while nursing. Nothing can be done to teach the infant to nurse properly, but he must be watched for abdominal distress.

The class is shown how to hold the infant and the bottle, and we stress the fact that the milk must always fill the nipple, covering the hole. We illustrate upon the blackboard (since we cannot do so under the x-ray) the position of an air bubble, due to the child's sucking in air while nursing, within the stomach, and how distress is relieved by placing the infant over the nurse's shoulder and patting him upon the back.

The preparation of the formula is not given at this point, as complete instruction in the preparation of feeding formulae is given to each student during her term in the milk laboratory; but the nurse is taught how to warm the bottle to the desired temperature and the length of time in which the infant should take its food. We find it necessary to teach this early in the course since all nurses on the floor must help at feeding time.

In this lecture we also consider the problem of teaching the child to eat its first solid food. The student nurse finds it hard to understand why a spoonful of cereal is of sufficient importance to warrant fifteen minutes or more spent in coaxing the child to eat. Our method of teaching the child to eat solid food is to place the cereal in the mouth and gently replace it as the child expels the mass. We use a tongue blade rather than a spoon to prevent hurting the gums and because a child's lips do not touch and empty the hollow of the spoon. The child gradually becomes accustomed to the sensation of the solid food in the mouth and throat and eats its cereal feeding. The same result may be obtained by gradually

thickening a liquid food. But whatever method is used, the importance of the child receiving solid food cannot be too deeply impressed upon the mind of the student.

We were fortunate in having an excellent example of the difficulty in feeding an unwilling child, and the results following a diet of milk not supplemented by any solid food. A child of about two years of age was sent to the hospital from an institution. He had the deformities resulting from rickets, the cross-bun head, the open fontenel, delayed dentition and enlargement of the epyphisis of the long bones. This child had consistently refused solid food and was still upon a fluid diet consisting chiefly of milk. It took three weeks of the most patient effort to teach this child to eat solid food, but when he left the hospital he was upon a regular diet for a child of his age.

The *third lecture* deals with the suitable clothing of the child. Many good text books give the proper clothing for the child, under varying conditions and at different years of age. Model outfits are of great assistance and should include clothing at different prices. We must teach the nurse to adapt the clothing to the scope of the parents' income.

In the *fourth lecture* we speak of the necessity of charting. In a home, the sick child is the object of absorbing and constant interest. Among the many irrelevant details in the mother's account of the child's day, the facts which the doctor must know are not always forthcoming. This individual interest is not possible upon a large pediatric ward with any force of nurses which it would be expedient to demand in a city institution. With our present forces we must rely upon exact and minute charting of all phenomena which the doctor must know.

This is difficult to achieve, for the nurse is apt to feel that a group of babies are delicious, amusing, lovable bits of humanity whom she cannot regard as seriously as she does her adult patients. Her delighted interest in this group of babies must be fostered; it is the nurse's substitute for the mother love which plays such an important part in the development of the child. The precious motive force must be entirely diverted into hard work, into detailed charting, and it is the task of the teacher to develop this natural love of children until it suffices to keep the nurse at her difficult task, daily, hourly meeting the child's physical needs, with a rich surplus to fill his desire for affection.

But since the mother's mental registration of the child's day is impossible, the nurse must observe and chart every detail which the doctor would desire to know. This applies not only to the temperature, pulse and respiration, and all changes of the patient's condition but also to the manner in which the child has spent his day, the length of time spent in sleep, when he has cried and for what cause, the amount of food taken, refused or expelled, together with the number and character of the stools and the frequency of urination.

In pediatric nursing more than in any other field the doctor depends upon the nurse. For instance, in the case of the child who has contracted that most unfortunate habit of rumination, it is only consideration of the child's entire day that leads to diagnosis and cure. We had in the ward a child of about ten months who ruminated constantly and apparently lost the greater part of her feedings. As a result she lost weight to an alarming extent. The child was taken before the class to illustrate the necessity for charting the manner in which a feeding is expelled as well as the amount ejected. At the beginning of the hour the baby was fed and a nurse was detailed to carry her about the room and direct her attention from one object to another. The class was asked to observe the child during the period. The past history of the child was given and the change from milk to heavy cereal feedings was noted. The thicker the feeding the more difficult is it for the child to ruminate. It was explained to the class that such a case may be treated by tying the hands, thus limiting self-induced vomiting by preventing the child from putting the hand in the mouth and the fingers upon the back of the tongue.

A model cap designed to prevent movement of the jaw was shown. It was placed in position upon the child's head. The difficulty of keeping the cap in position was pointed out and also that this device did not absolutely prevent rumination while worn, nor break the child of the habit of attempting to indulge in the disgusting trick.

It is hard for the student to understand that

it is the bright and not the dull child who develops this habit. A bright child left in bed without diversion seeks to find pleasure for himself and stumbles upon the phenomenon that he can bring food back into his mouth and enjoy the pleasure of feeding twice. The food is then expelled and the child uses the mass as a plaything, much as an older child plays with sand or mud, stirring it round and round with his small finger and smearing it upon his face.

While these facts were explained to the class, the baby had been constantly entertained. Forty minutes after the food had been given the nurse ceased to amuse the baby by carrying her about the room and sat down with the child in her lap to take a few notes. Instantly little Katherine began to ruminate and expelled several drams of her food, but when placed upon a table before the class, she was so delighted with the novel experience of being the center of attention that she ceased to ruminate. The child was taken back to the ward and placed in her crib; it was one hour and ten minutes after the feeding had been given, but she began to ruminate at once and continued to do so until she fell asleep. Thus plainly was illustrated the point that we desired the nurses to grasp,—that mental stimulation is all that is needed to prevent a child of this age from ruminating.

The class was interested in the case and volunteered to amuse the child in their hours off duty. Katherine was played with during all of her waking hours for two days. She gained in weight and progressively demanded less stimulating amusement. After several days, close observation and a new toy at intervals were all that the child required. At the end of five days she had gained nine ounces in weight and had apparently forgotten that rumination was possible.

It was fortunate that Katherine was an exceptionally pretty child. She made such an attractive picture when happy and cared for, that the class was forced to separate their disgust at the habit from disgust for the child. In a plain child this separation is difficult and habit and child are alike condemned.

Of course in this case, the nurse was able to assist the doctor in both diagnosis and cure in greater degree than if the condition had been pathological or organic, but it serves to illustrate my point that it is only by close observation and obtaining a detailed record of the child's entire day that we are able to be of true assistance.

The *fifth and sixth lectures* present the nursing care of the premature. The causes of prematurity and congenital debilitation as well as the characteristics due to these defects are given to the nurses by the physician in his course of pediatric lectures, but we may add to and supplement this instruction by many details of nursing care. We must remember that it is functional and not anatomical characteristics that should govern the maturity of the child. We illustrate this point by reference to past cases in the ward. Many of the infants who have not lived even twenty-four hours have exceeded in weight and length infants who have survived. In the absence of acute diseases, it is the ability to lead an extra-uterine life, viz., the strength of the heart, the ability to obtain oxygen through the lungs as opposed to conducting this transfer through the blood of the mother, to maintain the temperature of the body, to suck and swallow without increasing the difficulty of respiration, that determine if the child shall live. The nursing care must be directed toward helping the child in the performance of these bodily functions.

An adult maintains body heat within a wide range of external temperature, but the premature and congenitally weak infant cannot do this. Covering with unwarmed blankets prevents radiation, but the infant generates heat so poorly that the body heat is not perceptibly raised. This is illustrated constantly when children are brought to us who, though rolled in blankets and quilts, are cold to the touch and whose temperature is so low that it does not register upon the clinical thermometer. External heat in some form must be applied. The infant may be placed in a warm room or an incubator, or hot water bottles and jugs may be used. The nurse must clearly understand that it is her duty to learn what external temperature will produce a normal body temperature in each individual infant. This is done by frequent comparisons of the temperature of the surrounding media and the body heat. When the relationship is established the external

temperature is kept at that degree which will produce a temperature of 99 to 100 degrees in the infant. There is as much danger from overheating the child and subjecting it to fever temperature as from allowing the body heat to be subnormal.

It should be explained to the students that an abnormal temperature wastes the infant's strength and in this way temperature plays as important a part in the gain or loss of weight as does the feeding. A child's strength is dissipated by a high temperature or by the effort to maintain bodily heat in a cold atmosphere. Even an older child who lies cold and wet does not gain, for an undue part of its nourishment is used for energy and heat, leaving less for gain in weight. At this point all procedures for keeping an infant warm are discussed.

The feeding formula is the doctor's responsibility, but feeding the infant is the nurse's part. If a bottle is used, the size of the hole in the nipple is of great importance. If we find that a hole large enough to enable him to suck with ease gives such a free flow that he strangles, we are forced to use a very small hole, and though the infant is allowed to nurse for an indefinite time and obtains the entire feeding, he has wasted his feeble strength. Such a child should be treated as if he were unable to suck. He should be fed with a medicine dropper, a Breck Feeder, or by gavage. The fact that an infant will take an ounce of milk from a bottle if he is permitted to suck for three-quarters of an hour does not compensate for the muscular exercise involved, and the infant inevitably fails to gain in weight or even loses weight. The danger of suffocation is ever present. The child must be constantly watched and the nurse taught to recognize the first signs of difficulty in breathing. The danger is greatest when the child is being fed, especially if fed by gavage, and we impress upon the nurse the need of the utmost care. All means of promoting respiration should be ready at hand.

Lectures seven and eight are devoted to nursing procedures peculiar to children and the adaptation to pediatric nursing of procedures common to other fields of nursing. There are many good text books upon this subject.

In the *ninth lecture* students are taught nursing procedures common to a routine admission of the child to the hospital. They are taught to set up trays for the general examination as well as for Shick and tuberculin tests and for the taking of a Wasserman. The students are shown how to restrain a child for various treatments or examination.

In the *tenth lecture* we show the social importance of the child receiving medical attention. The procedures given in the ninth lecture are a necessary part of the child's admission to the hospital, but they are not an end in themselves, they are a means to an end—the relief of a sick child. The nurse's part in the realization of this end demands more than good nursing; it demands an appreciation of the social side of the problem. If the child's parents are unable to pay for doctor and nurse, the removal of the child from the free hospital means that he suffers physical harm. Rudeness or lack of tact upon the part of a nurse in a private hospital may result in the patient leaving that hospital, but he has the opportunity of entering another. A similar situation in a municipal hospital may mean that the patient forfeits his chance of hospital care. Whether the child who needs hospital care receives adequate attention depends primarily upon the parents' willingness to leave the child in the institution, for there is no law compelling a mother to feed her baby clean milk, to keep a heart case in bed, to furnish rest, quiet, and good food for the chorea, and to send the child to the hospital if she is unable to carry out the provisions of the law outside of the institution. The nurse must remember that the ignorant parent judges the whole treatment of the case from that small portion which she sees and is able to comprehend. A hasty word, an unchanged diaper, stand to the mother as the symbol of all the mysterious things that are done during the time that she is not present. We cannot over estimate the nurse's part in the creation of an atmosphere of confidence or the reverse.

This lecture may be given by a public health nurse, a worker from the hospital social service, or the instructor of pediatric nursing. But whoever gives this lecture it should include the answer to this question: What has been the effect upon him?

For three years, under the auspices of the Hospital Social Service I visited the homes of little patients and found the answer to this question awaiting any one who came with the sincere desire to help the child. The home conditions of the patients in any large municipal or charitable hospital vary from wretched poverty to comparative comfort. Very few have the means to purchase health. Much of the distress is due to unwise expenditure and ignorance of the advantages which the city and charitable organizations offer to all who need them. Education is the best remedy for this evil and social workers unite in attacking it from every side. Instruction is given by pamphlets, the newspaper, and magazines; but the more efficient method is by example and experience. To live out a precept is the best way for an individual to appreciate its true value. While our patients are under our care we can show them the principles of hygienic living, adding to our care of their bodies work of great educational value.

In a campaign for better physical environment we may divide the factors of environment into two groups. First, those which the individual purchases for himself; and second, those which are provided for him by the community.

We must teach wise expenditure of the income. There is a right way and a wrong way to feed, house and clothe a child on any given income, however small. To do the best that can be done on a sum of money is very different from haphazard expenditure. The nurse must constantly teach the rules of health and concretely show how they can best be followed on a small income.

In regard to the second group, the advantages offered us by the community in which we live, many of our patients are wholly ignorant or confuse accepting the aid that is necessary to make themselves or their family of greater social value, or lessen the burden of their dependence on society, with pauperism, which many realise to be degrading. Of the advantages offered by the community many are given us in proportion to our need without regard to our ability to pay. Police and fire protection are in this group. Other advantages are offered only to those who are unable to pay for the service rendered by a private source. Advantages of this type are hospital care, free lodging, and the many advantages offered by the various social organizations. There is no stigma attached to the first group, for rich and poor alike enjoy and appreciate the privilege bestowed. Both truck driver and tourist enjoy a good road. On the contrary, to benefit by the advantages of the second group is thought akin to pauperism. The social point of view is completely lacking in this conception. To illustrate the point by reducing the question to the ridiculous, the tramp who has taken advantage of the free bath is thought by some to have confessed himself a pauper. He has not; he is less of a social drain than if he had spent the fifteen minutes on a dusty street corner rather than under the shower. There should be no stigma attached to the acceptance of any benefit through which the individual may contribute to the social good. It is not accepting charity; it is the parent's duty to place the child in a free hospital if she cannot procure adequate care in any other way.

Again, many of the poor of the city feel that an advantage must be worthless when those who can afford to pay do not, or are not permitted, to accept it. The intrinsic worth is disregarded, for it is human nature to consider anything of little value which is offered without price. Education must correct this false point of view and at the same time the service conferred without charge must be made more adequate to meet the need than it is at present. The nurse must take her part in procuring health for the community both by education and by nursing service.

We often find it hard to understand why our little patients are so unruly, spoilt in the true sense of the word, and why the parent is at the mercy of the child's varying whims. After eighteen years of work among the children of both the rich and the poor I tentatively offer this explanation: Much, perhaps the purest part, of an adult's happiness is reflected from the happiness of a child. We love to see happy children and we especially love to have them attribute their happiness to us. Father and grandfather compete for the child's favor by bringing home toys and candy. Mother and grandmother let the little

fellow do just as he wishes, repaid by a hug and a kiss for all the inconvenience that his baby caprice may cause. But the educated parent curbs the desire to give the child happiness here and now, by a deep and controlling vision of perfect manhood and womanhood,—a vision which never has been realized but which stands before us with each successive generation. We feel the mistakes of our own bringing up; we will not make the same mistakes with our children; they shall be all we might have been. This power to postpone enjoyment, to build for the future, goes hand in hand with a feeling of permanency in surrounding conditions and is a concomitant of education and comparative leisure. The parents of our little patients have as deep a love for their children as the parents of the rich; we see that at every turn. But the concrete manifestation of their affection is very different. When the present existence is from hand to mouth, the individual of necessity lives in the present moment, he cannot build for the future. The child is the joyous spot in a hard life, but he is also the helpless being who can be made happy or miserable at the parent's will. A hard day's work means a worn out man. The child is disobedient; the natural impulse is to scold or punish it; the father obeys this impulse. The child cries. The parent's love of power having been gratified, his exasperation having been spent in the correction, his love exerts itself and the child is kissed and caressed. The whole performance is repeated a dozen times in an evening until we find a child constantly disobeying, a parent constantly scolding or punishing, and confusing the effect of the scolding by petting the child and proudly repeating the story of misdemeanor, punishing and caress to every neighbor. The whole situation is considered the normal method of bringing up a child. The boy's rebellion is considered spirited and cunning. It is not a real annoyance since it can be temporarily crushed when the parent desires; and the future is left to take care of itself. This may help us to understand the problem of handling this child when he is under our care.

We are often surprised to find to what extent parents will follow the lead of the child. This is particularly true among the ignorant class. The parent desires to give the child every benefit that he should receive, but frequently makes the mistake of letting the child be the judge of what is for his best good. A society is judged by the care which it gives its children, but it is the height of folly to let the child be the judge of what this care includes. A parent who at some expense and much thought and trouble has brought a child to the hospital, will take it home again because the child cries or is unwilling to stay. This indulgence is explained by several factors in the life of the poor, primarily because the child of the poor is of economic value to the parent. At a very early age he helps his elder, though only by wiping dishes, running errands or caring for the younger children. Usually the parent, perhaps a low grade moron, mental age twelve years, soon begins to consider the child's opinion as of present value, not as an indication of future development. This is especially true among immigrants where the child knows the bewildering ways of a new country, speaks and reads the language, and is in fact the connecting link between the parents and the new world. Until the parent can be educated to the point where he understands and assumes the responsibility of giving to the community a valuable adult for every infant that he brings into the world, society must assist the child, by legislation where it is necessary, by less drastic methods where possible. A nurse with tact and patience and wisdom can win over both child and parent to a voluntary compliance with what is obviously for the child's best good.

Lectures eleven and twelve are devoted to the various ways of amusing a sick or convalescent child. The sick and convalescent child must be amused, but we should remember that the excitement which is normal for the healthy boy or girl may be a drain upon the strength of the weak child. The amusement must serve to keep the child quiet. Its primary aim cannot be to arouse new interests nor further mental development. This applies to games, hand work and even to stories.

If it is not possible to devote several hours to instruction in games and hand work, preferably given by one of the instructors of a Kindergarten training school, a few of the

simpler forms of paper work may be shown by the instructor of pediatric nursing. Cutting out paper dolls, making paper furniture, turning a blank book into a doll's house, making paper caps, etc., are all so simply done that it is more necessary to impress upon the mind of the student the requirements of the amusement than to show how the toys are made. In a hospital where a kindergartner teaches upon the floor, the students have the opportunity of observing her work.

The *thirteenth lecture* teaches the student how to select and tell a child's story. The art of selecting and telling a good story should be taught by a kindergartner and unfortunately it cannot be acquired in a few hours. But a few guiding principles may be given, trusting to the student's ingenuity to make up for the lack of training.

The story must be suited to the age and mental development of the child and to the purpose that we have in view. For instance, a story told to comfort the child after visiting hours when his parents have left the ward must be more thrilling than the tale which serves to prevent his restless movements and quite different from the bed-time story. But whatever the story may be, there are several points which will enable the story teller to produce the desired effect. In fact, I believe that the real charm, the magic power, lies in this:—the child must identify himself with the characters in the story, he must no longer be a little boy listening to a story, he must be in the story, be the hero, schoolboy, prince or gingerbread man, living the life you choose to make him lead. How do we produce this illusion? The story must be realistic,—this does not mean that the story must be true to life. It means that the circumstances must appear probable to the child, and of a nature that he is able to understand. What is impossible upon our earth is the natural course of events in "the land of faerie," and such a land is full of interest to the child. For example, "The prince caught the winged horse by his golden bridle and jumped upon his back. Up, up they flew toward the moon, the silver wings of the great black horse beating the air." In a fairy story this chain of events is probable. It would destroy our interest completely, it would not be true to our past experiences in fairyland to hear that the horse which the prince had found did not possess wings, had a bridle of leather and was totally incapable of carrying any one to the moon even if that time-honored belief in the Man in the Moon were true.

Another interesting thing about the fairy story is that the hearer must be made to assume the mental attitude of the inanimate object to which we impute human characteristics. Little gingerbread boys are always eaten. It is their sole reason for existence. Little Christmas trees are always chopped down and carried to some home where they are trimmed and lit for Christmas Eve. Afterward they are tossed on a dump. If instead of that uneventful fate, the tree is found by a little boy and girl who carry it home and, tearing off the small twigs, build up the dying fire in the cracked and broken stove, the little tree quite naturally is delighted to be once more the center of attention, once more to make the children happy, and every pine needle crackles joyously in the tiny tongues of flame. The child may still put himself in the place of these inanimate objects; but since theirs is the fate common to these objects he is not disturbed. As soon as he loses the point of view of the object he is out of the story, so with the normal child, we do not find him frightened when the tree is burnt or the gingerbread boy is eaten. To reiterate, if he is the gingerbread boy he thinks it a little untimely but quite natural that he should be eaten; if out of the story, it is quite impossible that he should be eaten, but natural that the little brown effigy should be.

But always remember that when you have forced your child back to earth by too great a discrepancy between the adventures of the inanimate object and those which he could experience, close the story.

The *fourteenth and fifteenth lectures* are devoted to child psychology. A discussion of the Binet-Simon tests should be included; a nurse must realize that such a test is not conclusive proof of the child's intelligence; it is merely a help in dealing with a difficult situation.

ON THE NATIONAL LEAGUE OF NURSING EDUCATION

(Continued from May)

WHAT RECORD HAS YOUR STATE MADE

In The National League of Nursing Education Membership Campaign beginning March 15th and ending June 15th?

HOW MANY Nurse Superintendents of Hospitals,
HOW MANY Principals of Schools of Nursing,
HOW MANY Assistants in Schools of Nursing,
HOW MANY Teachers in Schools of Nursing,
HOW MANY Supervisors in Schools of Nursing and Hospitals,
HOW MANY Head Nurses in Schools of Nursing and Hospitals,
HOW MANY Head Workers in Social, Educational and Preventive Nursing,
HOW MANY Executives and Chief Nurses in the Government Nursing Services,
Have joined The National League of Nursing Education during that time?

IN YOUR STATE

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IF NOT

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Make these last fifteen days the most compelling and telling in the Membership Campaign.

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CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

RED CROSS' PART IN BIENNIAL CONVENTION

THE eyes of the nursing world are focused on Detroit this month, for the Twenty-fourth National Nursing Convention is being held in that city from Monday, the 16th, to Saturday, the 21st. An unusual degree of interest is manifest, for the present is an important time in the history of nursing. In this biennial meeting of the American Nurses' Association and of the National Organization for Public Health Nursing and the annual meeting of the National League of Nursing Education, the Red Cross has its due part. On the opening night, Monday, Clara D. Noyes, as Chairman of the National Committee on Red Cross Nursing Service and National Director, will speak on The American Red Cross Nursing Service.

As President of the N. O. P. H. N., Elizabeth G. Fox, National Director of the Red Cross Public Health Nursing Service, will take a prominent part in those meetings for which that organization is responsible. On the opening day, she will deliver one of the three presidential addresses which are to be broadcast. Miss Fox has just returned from Europe, whither she sailed on April 9 to attend the meeting in Paris April 23-25, of the Advisory Board for the League of Red Cross Societies, of which she is a member, whose members then came together for the first time to confer on international nursing problems. She remained over to attend the third session of the General Council of the League, April 28-May 2.

On Tuesday afternoon Miss Noyes will preside at the Round Table of State and Local Committees on Red Cross Nursing Service, and on Wednesday afternoon at a meeting of the National Committee on Red Cross Nursing Service. She speaks again on Friday afternoon at the meeting of the National League of Nursing Education when, under the general subject, Some Outstanding Activities in the Nursing Field, she will discuss the specific one, Schools of Nursing in Foreign Countries Assisted by the American Red Cross. Later that same afternoon (Friday) Mrs. Isabelle W. Baker, National Director Home Hygiene and Care of the Sick, American Red Cross, will be chairman of the Round Table discussion on Home Hygiene and Care of the Sick.

During the week the Red Cross Division Directors and Field Staff representatives present at the Convention will attend a special luncheon for an exchange of Red Cross opinion.

A description of the attractive Red Cross exhibit is to be found elsewhere in this number.

INTERNATIONAL COURSES IN LONDON

It is announced by Katherine Olmstead, Chief of the Division of Nursing of the League of Red Cross Societies, that the Fifth International Course of

Training in Public Health Nursing established by it in coöperation with the principal official and unofficial British health agencies, will open in London on September 1, 1924, continuing to July 1, 1925, at the Bedford College for Women (Regent's Park), University of London, England. In the four years since this course began, forty-eight nurses from thirty-one countries in many parts of the world have come together each year for preparation to enable them to take executive and teaching positions in connection with health nursing activities.

Some countries, such as the United States, have ample facilities for fitting its public health nurses to meet the needs and circumstances peculiar to local communities, but other countries with an adequate system of hospital training have little or no training in public health nursing; and yet others have no organized facilities for adequate training in either. It is to women in countries coming specifically under the last two categories that this International Course is of marked value. But it is also interesting to nurses in countries under the first category, as a means of broadening their educational standards and gaining valuable experience.

No student is accepted for this International Course unless her application is endorsed by the Red Cross Society of her country of origin and unless she is engaged, or has reasonable prospect of being engaged, by the Red Cross Society of her country, or by some approved public or private organization, to undertake public health nursing which will raise the standards there. Those taking the full course are entitled to try for the certificate of the British Ministry of Health and the Board of Education, as well as the diploma given by the League of Red Cross Societies and the Bedford College Certificate. The most important of the nursing and social organizations in London afford help to the students of the course which includes lectures, conferences, individual field demonstrations, and excursions to centers of instruction in the practical functioning of health services. The cost of the course is two hundred and fifty pounds sterling (approximately $1,100 at the rate of exchange at the moment of writing, and about $1,210 normal rate of exchange) which covers all tuition, maintenance, and incidental expenses, exclusive of travel and clothing.

It will be recalled that as a token of good will and approval of the effort of other nations to prepare nurses for public health nursing, the American Red Cross sent Dorothy Ledyard and Charlotte Simon on full Red Cross scholarships to attend the first International Course in Public Health Nursing, 1920-1921.

New Course Established

Following many requests for information regarding the best methods for securing advanced instruction for directrices and teachers of schools of nursing, the League, in conjunction with Bedford College for Women and the College of Nursing, London, has arranged for a second course—an International Course for the Training of Nurse Administrators and Teachers in Schools of Nursing—for the special purpose of providing an advanced course of study in administration and other training

school problems. Those details above regarding the first International Course are applicable to this also, and some of the theoretical part of both courses is identical. But there are additional lectures, and the practical and observation work of the courses are entirely different. Only fully trained nurses with a thorough knowledge of the English language are eligible for this course.

At the very moment of writing, Nursing Supplement No. 4 of the Information Circulars of the League of Red Cross Societies arrives. It contains two interesting articles by Milda Karin, graduate of the International Course 1922-23, on Infant Welfare Work in Riga and by Miss Xavier, graduate of the International Course, 1921-22, on A Public Health Nursing Center in Siam, describing the work they have been carrying out since returning to duty.

Another list of names of nurses is included this month, but the present one comprises those who have had their Red Cross enrollment annulled. This action has been taken by the National Committee on Red Cross Nursing Service for various reasons after due investigation and consideration of the facts in the individual cases; in many instances it is due to the fact that neither National Headquarters nor the local Committees have been able to get in touch with the nurses despite every effort to locate them made through every possible known source for a period of two years or longer.

Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as these always remain the property of the Red Cross.

Sophie Albert, A. Beulah Alwein, Eva May Anderson, Margaret E. Anderson, Agnes Martin Archer, Christine F. Arndt, Gertrude Edna Asher, Rebecca Flower August, Mary Baber, Mrs. R. V. Babcock (nee Edna Underhill), Loutie Isabelle Baker, Mrs. Katherine Beale (nee White), Mrs. James C. Beatty (nee Laura W. Bryant), Mrs. Verna Bender (nee Cramer), Leonora Bennett, Mrs. Elaine Bessinger (nee Brown), Mary I. Bierstein, Anna Katherine Bitner, Ruth C. Bliss, Antoinette Boecker, Mrs. Charles Bold (nee Marie Ann Ott), Frances Marion Bourns, Margaret Elizabeth Bowland, Mrs. Mary J. Boyd (nee Sheehan), Mrs. Catherine P. Boyden (nee Harrington), Mary M. Boyle, Mae Agnes Brennan, Mary A. Brightbill, Mrs. Mary Bronson (nee Anderson), Mrs. Emily D. Brown (nee Harron), Mittie May Burns, Mrs. Marguerite E. Bryne (nee Darcey), Claire M. Bush, Gertrude Emily Buch.

Items

An American Red Cross nurse, Helen Lillian Bridge, Director of the Warsaw School of Nursing, Poland, has been the first foreign woman to be decorated with the highest Polish order, the Order Polonia Restituta. So far as is known, this honor has been bestowed previously on but three Polish women. Miss Bridge, who is a native of Franklin, Ohio, a graduate of the Miami Valley Hospital Training School, Dayton, Ohio, a B.S. of Teachers College, Columbia University, and who was formerly Acting Superintendent of the Washington University School of Nursing, St. Louis, sailed for Poland in April, 1921.

Other decorations awarded Miss Bridge are the silver medal of the Polish Red Cross, presented by its President; and the silver medal on the ribbon of St. Anna, presented by the administrator of the Primorsky district on behalf of the all-Russian Government for her work among Russian nursing aides and as Director of the Bureau of Nursing Education in Vladivostock, when she was serving under the American Red Cross Siberian Commission, 1919-20.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

BREAST FEEDING

BY E. J. HUENEKENS, A.B., M.D.

IT is a truism that public health is purchasable, but the time has come when we must balance our budgets and decide which divisions of public health are paying dividends. We must begin to place public health on an efficiency basis and figure out how much in preventive mortality and morbidity we are getting for our money. If we find that a disease with an extremely high death rate, such as pneumonia, does not in the present state of our knowledge, readily lend itself to preventive work, then we must retrench in this particular department and expend our money and effort in more profitable fields. If we look at public health from this business-like standpoint, we cannot fail to rank the promulgation of breast feeding education as one of our best investments. To prove the truth of this statement will be the object of this article. I shall endeavor to demonstrate two theses. First, that increased breast feeding dramatically reduces infant mortality; second, that the breast feeding education plan inaugurated in Minneapolis definitely increases breast feeding.

For years loose statements have been made concerning the relative mortality in breast fed and artificially fed infants, but until recently there has been scant statistical evidence to support this. However, a recent study by the Children's Bureau at Washington has remedied this defect. This statistical study comprised 22,422 live-born infants in eight American cities and a preliminary study of these figures has just been published.[1]

TABLE NO. 1

MONTHLY MORTALITY RATES, BY TYPE OF FEEDING; INFANTS IN EIGHT CITIES

MONTHLY PROBABILITY OF DYING PER 1000 INFANTS

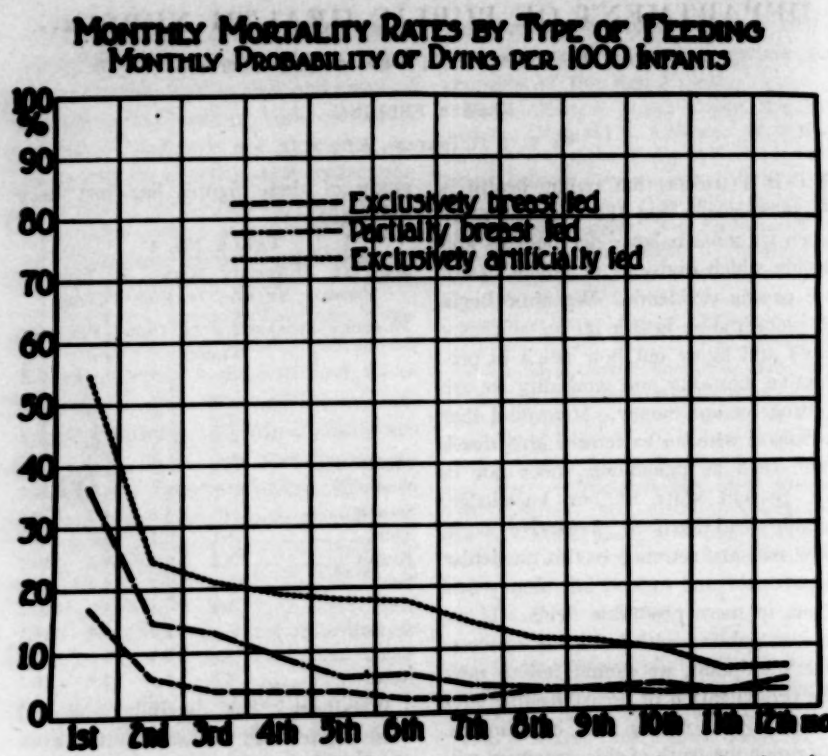
Month of life	All types of feeding	Exclusively breast-fed	Partly breast-fed	Exclusively artificially fed
First	44.8*	16.9	36.4	54.7
Second	9.3	5.8	14.7	24.6
Third	8.1	3.7	12.9	21.2
Fourth	8.0	3.4	9.0	19.2
Fifth	7.7	3.3	5.7	18.1
Sixth	7.4	2.1	5.9	17.7
Seventh	6.3	1.9	4.0	14.1
Eighth	5.8	2.9	3.3	11.3
Ninth	5.7	3.2	2.9	10.7

Woodbury[2] has carefully analyzed these figures and has shown that even after deducting the unusually large numbers of prematures and twins from the artificially fed group and after making due allowance for the economic circumstances of families, the relative proportions are not markedly changed. He summarizes the work as follows:

> The analysis has shown that artificial feeding, as actually practised in typical city populations, is associated with mortality between three and four times as high as the mortality among breast fed infants. This excess mortality is not to be explained either by the

[1] Table No. 1 shows that the mortality in artificially fed infants is between three and four times as high as among breast fed infants.

[2] The Relation between Breast Feeding and Artificial Feeding and Infant Mortality. Robert M. Woodbury, *American Journal of Hygiene*, Vol. 2, No. 6. 1922, p. 688.



slight overweighting of the group of artificially fed with infants in certain groups characterized by high mortality rates; and it appears in all nationality and earnings groups, though with variations depending probably upon the particular conditions prevailing in these groups.

This study by the Children's Bureau establishes beyond all doubt the relative mortality of breast fed and artificially fed infants.

The second question to be determined is, Can our breast feeding education work really increase the practice of breast feeding enough to repay our efforts? I will first give some general facts about breast feeding.

In the last ten years great advances have been made in the knowledge of artificial feeding of infants, but in spite of this progress, we have no food which begins to compare with mother's milk. The best of the artificial foods are but poor substitutes. The two main advantages of breast milk are: first, its almost perfect digestibility for all sorts of babies and under all sorts of conditions; second, its protection against every kind of infectious disease except tuberculosis. Tuberculosis is highly fatal for young infants and no mother with open tuberculosis should nurse her baby. If, however, she has small-pox, scarlet fever, diphtheria, tonsillitis, or any other infectious disease, she may do one of two things, either express her milk and feed it to the baby, or have

it nurse directly from the breast, the mother taking the precaution of wearing a mask over the nose and mouth. (This face mask should also be worn when the mother has a common "cold."). The breast milk contains antibodies, or protective bodies, against these diseases and the baby will not contract the disease at all or will have it in a very mild form.

It is now almost universally recognized that breast milk is the best food for infants, so that of late years our main problem has not been so much the education of people as to the value of breast milk, but more in showing mothers how breast feeding can be continued under adverse conditions. Two most frequent reasons for prematurely weaning the baby are: first, the breast milk does not agree with or is "poison" for the baby; second, the supply is insufficient. As regards the first reason, the breast milk may vary in its food value, some being richer than others, but it is always good. There is, however, some show of reason in the widespread belief that some mother's milk disagrees with the baby. Shannon has recently shown that occasionally certain articles of the mother's diet, such as eggs, may pass unchanged into the breast milk. If the baby should be sensitive to that particular food it may cause colic, digestive disturbances, eczema and so forth. However, even when this occurs, it is never an excuse for weaning the baby, but rather, the offending foods should be eliminated from the mother's diet. The second excuse given for premature weaning, that of insufficient or total loss of breast milk, is much more commonly employed. In the vast majority of cases the mother has plenty in the beginning, but the baby being a poor nurser, or as the physician would say, having its sucking reflex poorly developed, does not properly drain the breasts, especially of the last part of the milk, which is the richest in cream, so that gradually the breasts secrete less and less. If proper precautions are taken early, this can be avoided. As it is often difficult for the mother to discover this soon enough, physicians now advise all mothers to take their babies to their private physician or to Infant Welfare Clinics within two or three weeks after birth and continue this at regular intervals until the final weaning. The best time for weaning the baby is from the ninth to tenth month, though the child should be prepared for this by gradual addition to the diet of cereals, vegetables and cow's milk, so that there is no possibility of a digestive upset.

There are various measures by which the supply of breast milk may be maintained. The baby should be nursed regularly every four hours if possible, or if that is not feasible, every three hours. The breast feeding should never be omitted and a bottle feeding substituted, for this invariably decreases the milk supply. If artificial feeding must be resorted to, it should be complementary, that is, given after each nursing and the smallest amount compatible with making the baby gain. The mother's diet should consist of plenty of any good nutritious food within range of her digestion. The old idea, widely held, that she should drink vast quantities of fluids, should not be carried to such an extent as to interfere with her appetite for more substantial food. Accompanying these measures,

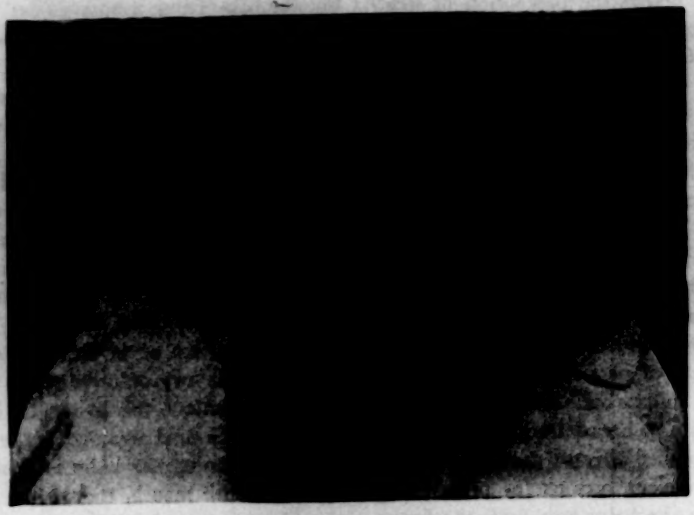


FIG. 20.—First position in the expression of breast-milk from a large, pendant breast, showing the thumb and fingers properly placed and pressing backward.

FIG. 21.—Second position, showing compression of the breast between the thumb and fingers, well behind the nipple, and the milk coming in streams.

Reproduced by permission from "Nutrition of Mother and Child" by Charles Ulysses Moore, M.D., J. B. Lippincott Company

the mother or attendant must thoroughly empty the breasts after each nursing. Formerly this was done by means of a breast pump, but experience has shown that after the knack is acquired, manual expression works much better.

The technic of expression is as follows: The breast is grasped between the thumb and forefinger, just back of the areola, the fingers pressed firmly but gently together, squeezing a portion of the breast between them, and then with a *sudden* motion toward the nipple the milk is ejected in a stream. In the last motion the fingers do not move their relative position, the breasts being allowed to slip between the fingers. The technic requires practice, but when once learned is easily done.[3] The success of this method depends on the fact that with a weak or "lazy" nursing baby the breasts are not fully emptied and as a result secrete less and less. The objection has been made that the success is entirely due to psychological suggestion to the mother, but the underlying biological principle is well recognized in the dairy industry where the thorough emptying of the cow's udder is recognized as a necessity for a continued maximum supply.

We have many examples of mothers whose milk supply has practically disappeared and who, in two weeks, by faithful attention to emptying the breasts, have had a full supply for their infants.

When there are anatomical defects in the infant, such as hare lip or cleft palate, or in the mother defective nipples or breasts, which prevent proper nursing, the above method will save the breast milk for the baby. The writer had under his care a baby whose mother was never able to put it to the breast, but for nine months she expressed enough milk to fully supply its needs.

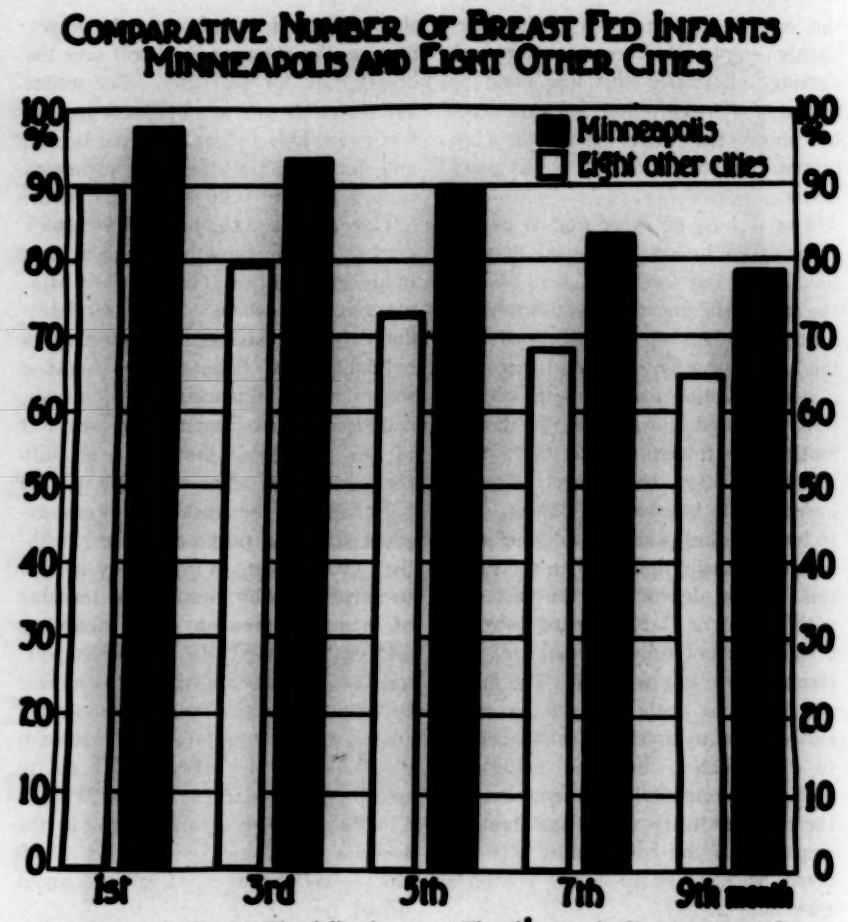
Five years ago the late Dr. Sedgwick began to apply these well known facts in an organized way to the city of Minneapolis as a whole. The work introduced by him has been continued down to the present time, though modified somewhat by financial considerations.

There are two outstanding features of our procedure: first, the visit into the home soon after the birth of the baby; second, the teaching of breast expression. The purpose of the "birth-list" visit is first, to urge every mother to nurse her baby; second, the teaching of manual expression where necessary and desired; third, to tell the importance of a regular and complete physical examination, and advice by a physician; fourth, to judge whether the mother is able to secure this advice and if not to urge her to attend the Infant Welfare Clinics. The nurse also leaves in the home a four-page pamphlet, in which the above mentioned general facts about breast feeding are emphasized.

The importance of the personal visit of the nurse at three weeks of age cannot be overestimated. Mailing information does not get across. Pre-natal education as to breast feeding is often forgotten. The time to bring forward our facts is at the critical moment when the mother begins to doubt the advisability or the possibility of nursing her baby.

The important question remains to be decided—Do these methods perceptibly

[3] Mother and Child, Vol. 3, No. 6, June, 1922. The Importance of Breast Feeding. E. J. Huenekens.



increase breast feeding? The following table which compares Minneapolis figures with those of eight other cities will show the degree of our success:

TABLE NO. 2

NUMBER OF BREAST FED INFANTS

Month of Life	Minneapolis	Eight other Cities
First	97.9	89.8
Third	93.6	79.6
Fifth	89.8	72.8
Seventh	83.4	68.5
Ninth	78.7	64.9

The breast feeding propaganda as outlined above is purely an educational matter. It can be done by Infant Welfare Societies in connection with their Infant Welfare Clinics, but to obtain the best possible results the two should be separated. Infant Welfare Clinics are partly educational and partly relief work; it hampers breast feeding propaganda to be tied up with the clinics, and the coöperation with private physicians is made more difficult. The

ideal way to have this work done would be to have specially trained City Health Department nurses who have no connection with clinics of any kind and who would carry these visits into every home in the city regardless of the economic status. This is a tremendous piece of work which might well be fostered by one of our big national foundations until the public has been convinced of its value.

NOTE.—In the current issue of the *Public Health Nurse* may be found an admirable article, The Nurse's Part in a Breast Feeding Campaign, by Helen Chesley Peck, R. N.—Ed.

OUR CONTRIBUTORS

Carrie A. Benham, A.B., R.N., is supervising and teaching medical nursing in the School of Nursing of Washington University, St. Louis. She is a graduate of Oberlin College and of the School of Nursing of the University of Cincinnati.

Hester K. Frederick, R.N., a graduate of the Johns Hopkins Hospital School for Nurses, has been an instructor in that School for the past six years, holding the post of Practical Nursing Instructor for the past four years. Previous to this she was Superintendent of the King's Daughters' Hospital, Staunton, Va.

Mary S. Power, R.N., graduated in 1920 from the Massachusetts General Hospital. She has had one year of executive work at the University of Michigan Hospital, Ann Arbor, and two years as Assistant Director of Nurses, University of California Hospital, San Francisco.

Gertrude W. Buckwalter, R.N., graduated from the Phoenixville Hospital, Phoenixville, Pa., after which she did private nursing for three years. She came to the American Oncologic Hospital, Philadelphia, to take charge of the operating room, which she did for two years, then specialized in x-ray and radium work for three years and was then given the position of Superintendent, which she has filled for the past twelve years.

Albert T. Lytle, M.D., is a member of the Nurse Training School Council of the University of the State of New York and so has given much thought and study to the problems he discusses. The address abstracted represents several months of research, much of which was derived from correspondence with the many groups interested in the topic. Dr. Lytle has been practicing medicine for 31 years, and has taught in the allied professions of medicine, pharmacy, dentistry and nursing.

Elizabeth C. Burgess, R.N., B.S., is a graduate of Roosevelt Hospital Nursing School, New York. She has held the following positions which well qualify her to speak at first hand on Nursing Education: Assistant Superintendent, Roosevelt Hospital Nursing School; Instructor, Bellevue Hospital, St. Luke's Hospital, New York; Superintendent of Nurses, Michael Reese Hospital, Chicago; New York State Inspector of Nurse Training Schools; Secretary, Board of Nurse Examiners, New York State; Instructor, Teachers College.

Olive M. Diederich, R.N., graduated from Grace Hospital, Conneaut, Ohio, and had postgraduate work at Bellevue. She has done private duty nursing, public health work and has held an institutional position. She has been doing the work of which she writes for two years.

Clara Justice, R.N., is a graduate of the Huron Road Hospital, Cleveland, Ohio. She has been registrar of the Central Registry in that city for the past four years. Before that time, she did private duty, public health work, and school nursing. She went to France under the Red Cross and has taught Red Cross classes in this country.

Ruth Hart Eddy is Chairman of the Training School Committee of the Samaritan Hospital, Troy, N. Y., a position she has held for three years.

Gladys Sellew, B.S., A.M., R.N., Instructor in Pediatric Nursing in the School of Nursing and Health of the University of Cincinnati.

STUDENT NURSES' PAGE

KEY NOTES

By Jessie S. Ross and Elsie Green
Metropolitan Hospital School of Nursing, Welfare Island, N. Y.

WITH interest turned toward new phases of experimental training, perhaps a little space devoted to the "musical therapy" in progress at the Metropolitan Hospital School of Nursing may not be amiss.

Idle instruments in several of the nurses' rooms aroused the ever-active brain of our Assistant Superintendent, Mrs. E. Beatrice Christie, and resulted in the suggestion that these old treasures be put into working order, polished if necessary, and brought forth to claim their rightful place in the music world.

Our first practice hour, early in 1922, was humorous rather than harmonious, there being but six members, some of whom had not played their instruments for a long time. With each new class entering the school, we sought for additional recruits; the orchestra at present is composed of eleven players.

The various instruments played are: Xylaphone, one; violins, four; piano; mandolins, two; banjo-mandolin, one; ukulele, one; Hawaiian guitar, one. Two of our members are also accomplished soloists.

The incidental expenses, for music, stands, etc., were met, at first, by Mrs. Christie and members of the orchestra, but later a definite amount was allotted to the orchestra from a gift of money to the nurses at Christmas time.

After a few months' practice, the evident progress made warranted an invitation to play at the Commencement Exercises of the 1922 class, and since then we have been able to render pleasurable evenings in our home and elsewhere.

During the past winter we played at the annual meeting of the New York Counties Registered Nurses' Association, District 13, at the Central Club for Nurses, and we accepted an invitation from Commissioner Coler to play and sing on various occasions at the Grand Central Palace during the New York Silver Jubilee. Last, but not least, we gave a Sunday concert for the patients in the main building of our hospital.

We do not boast of being accomplished musicians, although one of the leading New York papers kindly so designated us, but we are proud of our Nurses' Orchestra. There is no other (to our knowledge) and we hope this may be the means of arousing interest among the students of other schools, for who can prophesy but that the Board of Examiners may require nurses, in the near future, to have some knowledge of the magic charm of music?

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

ANOTHER SCHOOL ORCHESTRA

DEAR EDITOR: The lad whose contribution you accepted started a school orchestra on the check which came, so the nurses have an interest when off duty in something beside gambling and gossiping. It is a hard struggle out here to get creative recreations which help and do not harm.

China N. D. G.

THE OLD-FASHIONED PRIVATE DUTY NURSE

DEAR EDITOR: Someone asked in the March number of the *Journal*, what had become of the old-fashioned private duty nurse. Here she is, recovering from a surgical operation. When that *Journal* came she was in a hospital, just able to begin to read a little, and determined to let you hear from her as soon as her strength would permit. She has been doing private duty nursing for twenty years; now while sick, she is trying to adapt herself to the very latest ways of nursing. Still she maintains her old-fashioned ideas, that when a patient is sick, the little things that would mean so much for her comfort should be done when needed, and that if the nurses understood what it means to the patient, they would be willing to do them, even at the expense of one minute of their time off duty, which would not be needed if they would just think a little bit in the patient's place while on duty. She is also old-fashioned enough to want to go back to private duty as soon as she is able.

Missouri.

AN OPPORTUNITY FOR MISSIONARY NURSING IN THE SOUTH

DEAR EDITOR: There is need at St. Augustine's School, Raleigh, N. C., for a trained nurse, a member of the Episcopal Church, to take charge of the Training School for Nurses. St. Augustine's School was founded in 1867 to provide training for young people of the Negro race as teachers and leaders of their people. It has been a magnificent piece of work. The school has an enrollment of nearly 500. It is comfortably housed in adequate buildings of brick and stone, and while it has need for new equipment and endowment, has the necessary fabric for a most valuable work. Please correspond with the Rev. A. B. Parson, 281 Fourth Avenue, New York City.

AN OVER-SUPPLY OF NURSES IN HAWAII

DEAR EDITOR: R.N.'s from the most reputable schools are walking the streets here in search of employment; they have the coöperation of the doctors but there is simply that congestion. Last month I was informed that the Salvation Army had financed two fine nurses back to their respective homes in the States. The registry discourages any new members, as they entertain too long a waiting list. Daily papers in their editorials advise no one to come unless able to maintain a living for three to six months without aid. It is most embarrassing and cheapens the profession.

Hawaii L. M. H.

TRAINING SCHOOLS SEPARATELY INCORPORATED

DEAR EDITOR: The statement is made in an article by Grace E. Allison in the March *Journal* that: "Although the Nightingale School of Nursing, established at St. Thomas Hospital, London, was endowed and controlled by a separate and independent committee organized solely for the development of the school, a similar organization, in all particulars, had not been introduced in this country." The writer had previously referred to the recent establishment of such a school in this country as "an epoch-making event, as it marks the development of a new system of training school control in this country which will provide for the more liberal preparation of our student nurses," and she goes on to say it may seem surprising to those unfamiliar with the history of nursing work that such a plan was not started earlier because "it has been only through this plan of organization that other institutions of learning

have developed and received financial and other support necessary for their existence and maintenance." As a matter of fact such a training school with separate organization from the hospital has been in existence in Waltham, Massachusetts, for almost forty years, and for a time it had a few companions, as in Framingham, Massachusetts, until the disapproval felt by the hospital schools for the independent ones drove these newer and smaller schools out of existence as separate organizations. It is only recently that those with most influence in the field of nursing education have begun to appreciate the advantages to be derived from the independent training school board, whose one concern is the best instruction of the nurse. As they have come to lay more and more stress on the theoretical part of the nurse's training and have felt the desire to get the training schools put on a par with other educational institutions, the hampering effects of hospital control have been forced upon their attention and the strangeness of the failure to follow the great pioneer in modern nursing in keeping the training school purely educational in character is becoming apparent. The Waltham Training School for Nurses was founded along the lines of the Nightingale School and had Miss Nightingale's sanction and hearty approval, but of that little was known in nursing circles, and the fact that the laying of all emphasis on the fullest and best rounded training of the nurse led to various divergencies from the standard generally accepted in the training schools of this country has given its methods the stamp of disapproval many times. Miss Nightingale thought only of obtaining for nurses the best opportunities for learning the art of nursing. The modern nursing world, with its rapid multiplication of hospitals and its great need for nurses, has given less attention to the nurse's education as such than to getting the work of the hospital done. The pendulum shows signs of swinging too far the other way at present, but the swing is bringing a realization of the fact that an educational institution will never give the highest type of education so long as it has other aims that take rank over its educational aims. Those in charge of the training school must be interested primarily in the education of the nurse if she is to get the best kind of training. It is interesting, therefore, to note that one school has followed this unique method of training quietly and inconspicuously for many years, so quietly and inconspicuously that the nursing world has seemed to be unconscious of its unusual status.

Massachusetts ANNETTE FISKE.

NOTE.—The Illinois Training School, Chicago, has also been an independent school with separate management since its founding in 1880.—Ed.

BOOKS ON NURSING FOR SALE

DEAR EDITOR: The Vassar College Library has copies of some nursing texts, little worn and unmarked, which are for sale. The list includes: Dock, Materia Medica, 6th edition; Fox, Elementary Bacteriology; Parker, Materia Medica; Sanders, Modern Methods in Nursing. For further information, address Adelaide Underhill, Librarian, Vassar College Library, Poughkeepsie, N. Y.

JOURNALS ON HAND

Beulah Rhinow, 107 Arthur Avenue, S. E., Minneapolis, Minn., will sell back numbers of the *Journal*, December, 1916, through 1923, with some exceptions.

K. Toomey, 1088 Fairfield Avenue, Bridgeport, Conn., will sell, for postage only, copies of the *Journal* for 1921, except April, June-September; 1922; and 1923, through October.

POISON IVY, POISON SUMACH

Some persons are very susceptible to the volatile poison of such plants as those named above. Everyone ought to be able to distinguish the most dangerous of these plants which grows in clumps along banks and fences and roots of trees. It is known by its three-leaf clusters and the reddish yellow that it assumes late in the season. *Never try to destroy poison ivy by burning.* This makes the poison more volatile and its influence may extend for a number of feet away from the burned place and attack susceptible people. If you feel that you have been poisoned by one of these plants, the first thing to do is to wash the surface with soap and water; then apply lime water or dust the part with baking soda or a little carbolised vaseline, the part to be covered by a bandage or a saturated solution of citric acid.

—From the Report of the Health Bureau, Rochester, N. Y.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

23. Is a nurse who is registered in the State of Michigan eligible for positions in hospitals in any other State in the Union without taking an examination?

As the laws governing the registration of nurses in the United States are not uniform, a nurse contemplating moving from one State to another should communicate directly with the Secretary of the State Board of Examiners of the State into which she is going, requesting information regarding the requirements for practicing in that particular State.

Names and addresses of the Secretaries of the State Boards of Examiners may be found in every number of the *American Journal of Nursing*, in the Official Directory.

24. Which states give nurses registration by reciprocity?

There are two states which have no reciprocity clause in their laws.

Two states have a reciprocity clause, provided the standards are equivalent, and also require individual qualifications.

Nine states have a reciprocity clause, provided the educational requirements are equivalent, and also provided that a similar courtesy is extended by other states.

Twenty-three states have compulsory registration.

The thirteen remaining states have a reciprocity clause in their laws, provided the standards are equivalent.

NOTE.—Further information regarding the names of these states may be secured by writing to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York.

AGNES G. DEANS, *Secretary*.

CONFERENCE OF THE NURSES' ASSOCIATION OF CHINA

The Nurses' Association of China is growing rapidly and now has seven hundred and fifty members, about one-half of whom are Chinese. The figures may seem small to those who are accustomed to the many thousands of the American Nurses' Association, but the deeds of the N. A. C. are mighty. One hundred and seventy-seven delegates attended the Conference in Canton in February and the Chinese nurses took an active part in the program.

The report of the work of the Association given at the Conference by the General Secretary, Cora E. Simpson, teems with interest and is replete with enthusiasm.

It will be remembered that this Association has set up the machinery of registration in China, registers the schools (87 are now so registered) and conducts the examinations of state registration of nurses and midwives. Despite the many difficulties of transportation, the Secretary reported covering 25,000 miles of travel in her effort to reach every school.

The Association secures translations of standard text books on nursing, an expensive process, and is responsible for their publication. It publishes a quarterly journal which is of steadily increasing interest. It is a member of the Council on Health Education of China and is undertaking a program for the teaching of hygiene and home care. Last, but by no means least, we note in the report that N. A. C. will send four delegates to the meeting of the International Council of Nurses in Helsingfors, Finland, in 1925.

The great majority of women suffer no appreciable lowering of efficiency during the menstrual function. According to this study based on 2,077 consecutive examinations of women employees in a large department store, 65 per cent had no menstrual handicap; 30.6 per cent had a slight menstrual handicap; whereas only 4.4 per cent were seriously handicapped. —Margaret Castex Sturgis, M.D., (*The Journal of Industrial Hygiene*).

RABIES

If you are bitten by an animal, call the Health Department immediately and report all circumstances. Remember that rabies may not develop until from 60 to 90 days after being bitten. To prevent rabies one must get under treatment early. The disease may result from even the most minor bite from an animal suffering from rabies. In order to convey the disease it is only necessary for the saliva of the rabid animal to be forced through the skin. Have your dog immunized against rabies and be safe. Non-immunized dogs cannot be licensed and unlicensed dogs will be picked up and put in the pound.

—Weekly Health Review, Detroit, Mich.

NURSING NEWS AND ANNOUNCEMENTS

The convention of the three national organizations of nurses will be held in Detroit, Michigan, June 16-21, with headquarters at the Woodward Avenue Baptist Church. Details regarding transportation, hotels, and program will be found in previous issues of the *Journal*.

THE AMERICAN NURSES' ASSOCIATION

The Headquarters office of the American Nurses' Association is again indebted to the following organizations and individuals for contributions to be used for the Headquarters office: Mrs. Charles D. Lockwood, Pasadena, Calif., $10; Port Huron Hospital Alumnae Association, Port Huron, Mich., $10; Jewish Hospital Alumnae Association, St. Louis, Mo., $10. The total amount of contributions received for the German Nurses up to date is $104.35. These contributions came from individuals and organizations from eleven different states, Canada and Alaska.

The American Nurses' Association has been accepted into membership by the Women's Joint Congressional Committee.

Katharine Olmsted, Director of the Division of Nursing of the League of Red Cross Societies, has been appointed the representative of the American Nurses' Association at the Conference to be held by the International Council of Women on the "Prevention of the Causes of War," in London, England, in July, 1924. Adda Eldredge and Bertha Knapp were its representatives at the annual meeting of the American Hospital Conference held in Chicago in March. Jean Harrell, President of the Georgia State Nurses' Association, was appointed delegate to the annual meeting of the National Tuberculosis Association held in Atlanta, Ga., May 4-11. Mrs. Janette F. Peterson, President of the California State Nurses' Association, has consented to serve as delegate at the annual meeting of the General Federation of Women's Clubs to be held in Los Angeles, June 2nd to 14th.

Miss M. Helena McMillan wishes to advise the members of the American Nurses' Association that she has been obliged to withdraw her name from the nominating ticket as a nominee for First Vice-President.

The Graduate Nurses' Association of Porto Rico has been accepted into membership by the American Nurses' Association.

AGNES G. DEANS, *Secretary*.

NOTICE.—A report has been made by a Committee representing the New York State Nurses' Association, New York State League of Nursing Education and the New York State Organization for Public Health Nursing, relative to suggested changes in the organization of the national associations of nurses. As this report is partially based on data secured at the Headquarters of the three national organizations, some confusion has arisen in the minds of several members of the American Nurses' Association as to whether this plan has the endorsement of those organizations. Because of this confusion, we wish to explain that this report was submitted to the Presidents of the three organizations in January, 1924, for consideration with the request that a place be given on the program for its discussion at the Convention in June. As there already existed a committee composed of representatives of the three national nursing organizations to consider the same question, the report with the request was referred to that committee. Such report as this committee may have to present will come up in the regular order of business under reports of committees.

ADDA ELDREDGE,
President, American Nurses' Association.

LAURA R. LOGAN,
President, National League of Nursing Education.

ELIZABETH G. FOX,
President, National Organization for Public Health Nursing.

CONVENTION HOSTESSES

Alabama: Zoe LaForge, Birmingham; Arkansas: Elizabeth Scherer; California: Mrs. Janette F. Peterson, Pasadena; Colorado: Jessie D. Stewart, Colorado Springs; Connecticut: A. Elizabeth Bigelow, Meriden; District of Columbia: Eleanor Maynard, Washington; Georgia: Jane Van de Vrede, Atlanta; Idaho: Beatrice Reichert, Boise; Illinois: Mabel Dunlap, Moline; Iowa: Adah L. Hershey, Des Moines; Kansas: Mrs. Chas. C. Bailey, Topeka; Louisiana: Mrs. Lydia Breaux, New

Orleans; Maine: Mrs. Lou S. Horne, Portland; Maryland: Elsie M. Lawler, Baltimore; Massachusetts: Carrie M. Hall, Boston; Michigan: Mary A. Welsh, Grand Rapids; Minnesota: Irene English, Rochester; Mississippi: Mrs. B. M. Hopper, Meridian; Missouri: Mary E. Stebbins, Columbia; Montana: F. L. Kerlee, Helena; Nebraska: Jennie Higgins, Lincoln; New Hampshire: Mabel Potter, Manchester; New Jersey: Virginia Chetwood, Hackensack; New Mexico: Teresa McMenamin, Albuquerque; New York: Mrs. Anne L. Hansen, Buffalo; North Carolina: Blanche Stafford, Winston-Salem; North Dakota: Sarah Sand, Bismarck; Oklahoma: Mrs. Ada Godfrey, Tulsa; Pennsylvania: Jessie J. Turnbull, Pittsburgh; Rhode Island: Ellen M. Selby, Pawtucket; South Carolina: Anastasia McConnell, Charleston; South Dakota: Ellen McArdle, Aberdeen; Tennessee: Marie Peterson, Memphis; Texas: Ellen Louise Brient, San Antonio; Virginia: L. L. Odom, Norfolk; West Virginia: Mrs. Susan Cook, Wheeling; Wisconsin: Agnes W. Reid, Madison; Wyoming; Mrs. Fred W. Phifer, Wheatland.

The names of hostesses for the National Organization for Public Health Nursing will be found in *The Public Health Nurse*.

NURSES' RELIEF FUND

REPORT FOR APRIL, 1924

Balance on hand, March 31 ..... $17,785.87

Receipts

Interest on bonds	82.12
California: District 5, $25; Dist. 8, $52; Dist. 9, $42; Dist. 10, $8; Dist. 11, $6; Dist. 15, $53; Dist. 15, $53; Dist. 18, $55	241.00
Colorado: State Nurses' Association	41.00
Hawaii: Graduate Nurses' Assn.	138.50
Illinois: Anonymous, $10; Mercy Hospital Alum., Chicago, $50	60.00
Maryland: State Nurses' Assn.	100.00
Massachusetts: Middlesex County Branch	35.00
Michigan: Dist. 2, $23; Dist. 3, $1; Dist. 4, $1; Dist. 14, $62	87.00
Minnesota: Four individuals, Asbury Hospital Alum., Minneapolis	4.00
Montana: District 8	25.00
Nebraska: Dist. 2, $5; Paxton Memorial Alum., Omaha, $10	15.00
New Jersey: Dist. 1	5.00
New York: Dist. 2, Rochester General Alum., $100; Dist. 4, Hospital of the Good Shepherd Alum., Syracuse, $186; Syracuse Memorial Hospital Alum., $18; Dist. 9, Troy Hospital student body, $10; Dist. 13, St. John's Riverside Hospital Alum., Yonkers, $65; individual member of the same, $25; Dist. 14, Alumnae Association, Jewell Training School, Bushwick Hospital., $10; Methodist Episcopal Hospital student body, Brooklyn, $25; three individuals, $25	464.00
Ohio: Dist. 12, $1; Dist. 13, $21	22.00
Pennsylvania: One individual, Pittsburgh	100.00
Rhode Island: One individual, Newport	2.00
Texas: Dist. 6	32.00
Wisconsin: Dist. 38, $39; Columbia Hospital Alum., Milwaukee, $25; Kenosha General Hospital Alum., $10	74.00
	$10,313.49

Disbursements

Paid to forty-eight applicants	$745.00	
Postage	20.00	
Printing	39.85	
Farmers Loan & Trust Co., exchange on checks	.70	805.55
Balance on hand, April 30		$18,507.94
Invested funds		71,951.57
		$90,459.51

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address.

For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND TO MAY 10, 1924

Previously acknowledged	$28,415.84
California: District 18, Long Beach, $25; San Francisco County Nurses' Assn., $10	35.00
Georgia: Georgia State Nurses' Association	25.00
Idaho: Idaho State Association	20.00
Indiana: St. Mary's Mercy Hospital Alumnae, Gary	2.50
Massachusetts: Chester Hospital Alum., North Cambridge, $5; Faulkner Hospital Alum., Jamaica Plain, $10; Massachusetts Homeopathic Alum., Boston, $15; Massachusetts State Infirmary Alum., Tewksbury, $5; Peter Bent Brigham Alum., Boston, $25; St. Elizabeth's Hospital Alum., Brighton, $5	65.00
New Jersey: Second Dist. Assn., $25; Englewood Hospital Alum., $10	35.00
New York: Binghamton Hospital Alum., $5; Genesee Valley Nurses' Assn., Rochester, $10	15.00
North Dakota: Bismarck Hospital Alumnae	5.00
Ohio: Ashtabula General Hospital Alumnae	10.00
Oregon: District 3	5.00
	$28,633.34

REPORT OF THE McISAAC LOAN FUND TO APRIL 10, 1924

On hand at last report (reported as $503)	$503.52
California: Dist. 18, Long Beach, $25; San Francisco County Nurses' Association, $10	35.00
Idaho: Idaho State Association	20.00
Indiana: St. Mary's Mercy Hospital Alumnae, Gary	2.50
Massachusetts: Faulkner Hospital Alum., Jamaica Plain, $10; Memorial Hospital Alum., Worcester, $10; St. Elizabeth's Hospital Alum., Brighton, $5	25.00
New York: Binghamton Hospital Alum., $5; Genesee Valley Nurses' Assn., Rochester, $10; Lenox Hill Hospital Alum., New York, $10	25.00
North Dakota: Bismarck Hospital Alumnae	5.00
Oregon: District 3	5.00
	$621.02

Contributions to either fund may be sent to the Treasurer, Mary M. Riddle, 36 Fairfield Street, Boston, Mass. Checks should be made out separately, made payable to Mary M. Riddle, Treasurer.

REPORT OF COMMITTEE ON FEDERAL LEGISLATION

On April 7 the application of the American Nurses' Association for representation on the Women's Joint Congressional Committee was acted upon and accepted. The representative of the American Nurses' Association on this Joint Congressional Committee is Lucy Minnigerode. The Committee holds its monthly meetings on the first Monday of every month. The bills in which the American Nurses' Association is interested are: The Educational Bill, the Child Labor Amendment, and the amendment to the Reclassification Bill, which abolishes the present Personnel Board and places the classification of Government employes in the Civil Service Commission.

LUCY MINNIGERODE, *Chairman.*

ARMY NURSE CORPS

During the month of April, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Ida E. Gorman; to Station Hospital, Fort Benning, Ga., 2nd Lieut. Marguerite M. Fischer; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Kathryn M. McCarthy; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieuts. Bessie M. Jackson, Ethel F. Carson, Melicent E. King, Clara Swenson, Caroline K. Struck, Claudia E. Sykes; to Station Hospital, Fort Sill, Okla., 2nd Lieuts. Joanna Peters, Anna L. Barry; to Walter Reed General Hospital, Wash., D. C., 2nd Lieut. Zoe Golden.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieuts. Mary C. Barker, Ruth Beahmer, Mary E. Cardwell, Ruth Farrell, Elizabeth S. Gerhard, Agnes Greenshields, Gladys A. Handley, Betty C. Iverson, Emma Ella Jones, Nelly C. Kregel,

Myrtle M. Martin, Mildred McCatharn, Anna S. Nielsen, Martha J. Rose, Esther Van Scoyk.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

ARMY SCHOOL OF NURSING

The Board of Directors of the Army School of Nursing Alumnae Association voted to hold its third annual reunion in Detroit during the Convention in June. Headquarters will be at the Hotel Tuller. Members expecting to attend are requested to communicate with Louise C. Bentley, 409 Third Avenue, Asbury Park, N. J., and also write Mr. E. B. Cookson, 821 Ford Building, Detroit, Mich., giving him the information listed in the *Journal*. The Alumnae, however, will be represented at the Walter Reed Hospital at the graduating exercises of the class of 1924, which will be held June 6. Gertrude Thompson has been appointed Chairman of the Arrangements Committee for the Washington meeting. Her address is the Walter Reed Hospital, Washington, D. C.

NAVY NURSE CORPS

During the month of April, the following nurses were transferred: To *Annapolis, Md.*, Caroline W. Spofford; to *Annapolis, Md.*, Naval Dispensary, Elizabeth Hoag, Chief Nurse; to *Brooklyn, N. Y.*, Frances D. Johnson; to *Canacao, P. I.*, Margaret M. Aughivan; to *Chelsea, Mass.*, Julia Higbie; to *Cleveland, Ohio*, Lakeside Hospital, Course in Anesthetics, Mathilda E. Hume, Olga A. Osten; to *Great Lakes, Ill.*, Olive I. Riley, Frances L. Winkler, Chief Nurse; to *League Island, Pa.*, Gertrude N. Campbell, Chief Nurse, Ethelyn S. Everman, Anna E. Gorham, Chief Nurse; to *Mare Island, Calif.*, Carrie H. Lappin, Chief Nurse, Ella V. Parrot; to *Norfolk, Va.*, Anna W. Gray; to *Portsmouth, N. H.*, Myn M. Hoffman, Chief Nurse; to *Quantico, Va.*, Elizabeth M. Bartlett; to *San Diego, Calif.*, Adah M. Pendleton, Chief Nurse, Ada P. Baird; to *St. Thomas, V. I.*, Jennie M. Jason; to *U. S. S. Relief*, Sue H. Dauser, Chief Nurse, Lois M. Harkness; to *Washington, D. C.*, Mabel G. Milks, Frances V. P. Haines; to *Washington, D. C.*, Naval Dispensary, Navy Yard, Minnie D. Stith, chief Nurse.

Honorable Discharge: Helen A. McGrath.

Resignations: Georgia E. Ferguson, Martha J. Kessler, Rosemary Lawrence.

Discharged from Inactive Status: Nina Anderson, Kathryn E. Burns, Della Cleary, Elizabeth A. Cleary, Mary V. Ennis, Nora J. Hampton, Hazel G. Herringshaw, Mabel B. Johnson, Ellen Samuelson, Gertrude S. Wagner.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

The following transfers and reinstatements have been made during the month of April:

Transfers: Gaynelle Finks, to Baltimore, Md.; Mary J. Herring, to Stapleton, N. Y.; Julia Doyle, to Ellis Island, N. Y.; Christena MacIver, to Boston, Mass.; Grace Collopy, to Hudson St., New York City; Dorothy O'Connor, to Chicago, Ill.; Monelta Berlis and Jessie MacFarlane, to Mobile, Ala.; Louise Kuhrtz, to New Orleans Quarantine Station, Quarantine, La.; Edna Roberts, to U. S. Quarantine Station, Angel Island, Calif.

Reinstatement: Anna J. Crews.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU NURSE CORPS

HOSPITAL SERVICE. *Transfers:* Della M. Fannin, to Whipple Barracks, Ariz.; Lynda Berkey and Eleanor Tromanhauser, to Ft. Bayard, N. Mex.; Alma E. Wrigley, C. N., to St. Paul, Minn.; Gertrude E. Fortune, to Ft. Lyon, Colo.; Rose Amerkhan, to Camp Kearney, Calif.; Lula Greene, C. N., to Memphis, Tenn.; Katharine Hegarty, Acting C. N., Algiers, La.; Nellie Bauldry, Acting C. N., to Ft. McKenzie, Wyo.; Mrs. Anna Graham, to Kansas City, Mo.; Bertha I. Adams, to Boise, Idaho.

Reinstatements: Harriet O. Johnson, Mrs. Anna McC. Kovic, Adele Heaton, Mamie Ashford, Mrs. Sadell S. Fellenz, Mrs. Mae K. McCanna, Rhoda W. Helbert.

DISTRICT MEDICAL SERVICE. *Transfers:* Helen A. Weston, to San Antonio, Tex.; Mary C. Sedlacek, to Act. C. N., Washington, D. C.; Gertrude Vail, to Palo Alto, Calif.; Mrs. Josephine E. Bartz, to American Lake, Wash.; Norma Dack, to Oteen, N. C.

During the month nurses have been assigned to the new Veterans' Hospitals at

Northampton, Mass. and Chillicothe, Ohio, for the care of mental patients.

The Director's approval has been secured for nurses who can be spared from their duties without detriment to the Service, to attend the Convention of the American Nurses' Association, in Detroit, on official leave.

MARY A. HICKEY,
Superintendent of Nurses.

The Guild of Our Lady of the Visitation at Detroit, Michigan, has arranged the following program to welcome visiting Catholic nurses who come to the American Nurses' Association Convention. On June 18, 8 a. m., a Mass and Communion breakfast at the Church of Our Lady of the Rosary, Woodward and Medbury Avenues. At the Communion breakfast, Reverend E. F. Garesche, S. J., spiritual director of the International Catholic Guild of Nurses, will speak on the plans for the Guild. On Thursday evening, June 19, a meeting of the Catholic nurses will be held at the Providence Hospital Auditorium, at which Father Garesche will again speak and there will be a discussion followed by a musical program and reception. The conference at Detroit will be preliminary to the work of organization of an International Catholic Guild of Nurses which will be carried on at meetings to be held at Spring Bank, Wis., June 21-28.

Nurses who have taken the POSTGRADUATE COURSE AT THE BOSTON FLOATING HOSPITAL are asked to get together during the Detroit Convention, (at a time to be stated on the bulletin board) to form an Alumnae Association.

A SUBSCRIPTION BANQUET for the graduates of the FARRAND TRAINING SCHOOL FOR NURSES will be held at the Statler Hotel, Thursday, June 19, at 8 p. m.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES will hold its annual meeting in Hamilton, Ontario, June 23-25, (not 25-28).

THE NATIONAL CONFERENCE OF SOCIAL WORK will hold its annual meeting in Toronto, June 25-July 2.

REPORT OF ALUMNAE REUNION AT TEACHERS COLLEGE, APRIL 24 TO 26

The outstanding social event of the meetings this year was the tea in honor of Miss Goodrich, which was held Thursday afternoon. It was delightful to welcome back so many old students who joined with the staff and present student body, members of the Teachers College faculty and professional friends of Miss Goodrich in making the afternoon a very happy one. An interesting part of the proceedings was the presentation of a tribute to Miss Goodrich by the former students and staff of the department and by their good friend, Mrs. Jenkins. Miss Nutting, who was warmly welcomed back after her long illness, spoke first of Miss Goodrich's long association with the College, and of the unusually rich and varied experience in Training School Administration which she brought to her work there; of her untiring devotion to her students, and of the priceless ideals they gained from her. The Department realized fully what it meant to lose so inspiring a teacher as Miss Goodrich, but all agreed that she was the ideally equipped woman for the development of the new school at Yale University. Staff and students were united in efforts to find a suitable way of showing their pride in their distinguished colleague and their personal affection for her, and had finally chosen a way which Elizabeth Burgess was asked to describe. Miss Burgess then spoke briefly of the fund of $1,500 which is to bear Miss Goodrich's name and the interest of which is to be used every two or three years to provide for a public lecture by some outstanding speaker on some subject relating to Nursing Education or Public Health. Dean Russell, in accepting the fund for Teachers College, praised nurses for the way in which they recognized their leaders and commented on the appropriateness of a lectureship fund in honor of Miss Goodrich, since he knew of few people who could use the gift of eloquence so effectively. He felt that much of the success of the newer movement in Nursing Education was due to the fact that nursing leaders, such as Mrs. Robb, Miss Nutting and Miss Goodrich, were unusually keen women, quick to seize on every new development which might be turned to advantage in their field. The department had been most fortunate in the leadership of such women, in the interest and assistance of Mrs. Jenkins, and in the loyal support of its large body of graduates. Its influence is felt all

over this country and in many other countries. Splendid as its contributions have been in the past, the Dean believed that the future holds even greater things in store. Miss Goodrich replied with her usual warmth and readiness, thanking her former students and friends for their tribute, but wishing that it could be shared with those who practised what she had tried to preach. She spoke most appreciatively of the fund of scientific knowledge opened up so freely to all who came to the college, the attitude of helpfulness and openmindedness on the part of the leaders in all branches of education, the personal relationships with staff and students which she missed. A few minutes were spent in outlining the new piece of work at New Haven, and what it means to Nursing Education. The Main Conference section on Friday morning dealt with the subject: What Progress Are We Making in the Actual Care of the Patient? This was approached from many points of view and brought out warm discussion. Every one enjoyed Miss Nutting's characteristic challenge of some of our common fallacies in nursing education, and our uncritical acceptance of old traditions in private nursing and other phases of nursing. It was good to have her back in her old fighting form and to feel her searching mind playing on our problems with all its old clearness and its abounding fertility of suggestion. Round Tables were held on Saturday for teachers, administrators, rural nurses and school nurses, and there were a number of general meetings of the whole Alumni which filled the rest of the time.

Arkansas: THE BOARD OF DIRECTORS OF THE STATE ASSOCIATION met May 7, at the State Capitol in Little Rock. Delegates to the Biennial Convention were appointed. The Constitution and By-laws of the Private Duty Section were approved. The State Association will hold its annual meeting October 9, 10, in Pine Bluff. HOSPITAL DAY, May 12, was observed by several of the hospitals throughout the State. A CORRECTION.—The report from District 4B was listed under Kansas, in the May *Journal*, instead of Arkansas.

California: Los Angeles.—The new GLENDALE SANITARIUM AND HOSPITAL was opened on May 18. It is beautifully located and is equipped for modern treatments of all kinds. The training school of 75 has as superintendent Mrs. Daisy D. Harris. **San Francisco.**—SAN FRANCISCO HOSPITAL graduated a class of 34 on March 25. The graduates put out an interesting little journal, *The Cap and Seal*, the proceeds of which will be used to establish a students' educational loan fund. SAINT FRANCIS SCHOOL OF NURSING held exercises for a class of 42 at the Fairmont Hotel on May 6. STANFORD SCHOOL OF NURSING has made the following changes in its staff: Anne Duryea is first assistant superintendent; Miss Anderson second assistant, and Myrta Wolford, assistant night supervisor. Alumnae Day was celebrated on May 14, when exercises were held in the afternoon at which a welcome was given by Maude Landis, greetings by Emma Vogelgesang, and greeting by six physicians. In the evening the reunion banquet was held at the Palace Hotel. On Commencement Day, May 15, groups were taken through various departments of the school and hospital. In the afternoon, a reception was given by the Seniors to the Alumnae in the Nurses' Home. In the evening commencement exercises were held for a class of 39, with an address by President Wilbur.

Colorado: Denver.—ST. JOSEPH'S HOSPITAL held graduating exercises for a class of 18 in the Hospital Chapel, on May 12.

Connecticut: Hartford.—The enthusiastic spirits of the ST. FRANCIS HOSPITAL ALUMNAE ASSOCIATION prevailed among the one hundred and fifty members, present from various of the New England states, attending the semi-annual meeting held at the hospital April 12. It was voted to pay $3000 on the second free bed supported by the Alumnae for sick members. A fund is to be maintained by setting aside $1000 to which a yearly sum will be added. A social hour followed the meeting. **Willimantic.**—ST. JOSEPH'S HOSPITAL held graduating exercises for a class of 5 on May 12, the exercises being held in the Town Hall. The address was given by Rev. William Keefe; Dr. Guild presented the diplomas, the class pins and the prizes. A reception and dancing followed the exercises.

District of Columbia: Washington.—THE GRADUATE NURSES' ASSOCIATION held its annual meeting on May 5, when the

following officers were elected: President, Eleanor Maynard; vice-president, Gertrude Bowling; corresponding secretary, I. Malinde Havey, 5611 37th Street, Chevy Chase; recording secretary, Mrs. Maude Aiton; treasurer, Katherine Douglas. The Association now has a membership of six hundred and forty. The members voted to appropriate $25 to the Isabel Hampton Robb Memorial Scholarship Fund, and $15 to the McIsaac Loan Fund. The club house at 1337 K Street has recently undergone renovation, all the rooms having been repapered and painted. The Association voted to entertain the Seniors from all of the local hospitals just prior to Commencement. THE LEAGUE OF NURSING EDUCATION held a meeting at Georgetown University Hospital on April 24, when Miss B. I. Mullen gave an instructive talk on How the Hospital Social Service Department May Function in a Practical Way and Be a Medium Through Which the Hospital May Reach the Patient. After a discussion of this subject, the regular business of the meeting was considered. One of the most important questions discussed was Ways and Means by which the League can assist in financing the Central School of Nursing. The interest given by Major Julia C. Stimson has helped very materially in starting a fund for this worthy project. Arrangements for a card party at the New Willard Hotel were made. The special course of lectures in Nursing Problems for the benefit of the Senior classes of all the hospitals consisted of twenty topics given by well qualified speakers. After the business meeting, luncheon was served by Sister Roderiquez and her staff. The Baccalaureate sermon for all the Schools of Nursing in Washington was given on May 11.

Florida: The members of the STATE BOARD OF EXAMINERS have adopted resolutions expressing regret at the loss by death of Dr. James M. Jackson, who had been a good friend of Florida nurses. **Tampa.**—DISTRICT 4 held the first of a series of social summer meetings at the Hillsboro Hotel, in April. The banquet was attended by about twenty-five nurses, from Orlando, Lakeland, Clearwater, Bartow, and Dunedin. A business meeting preceded it, and a delightful program of music and toasts was later enjoyed. The president, Miss French, gave an excellent talk on Our Married Nurse. The summer meetings will be held in surrounding towns of the District for the purpose of getting better acquainted and promoting interest.

Illinois: ILLINOIS NURSES have planned a get-together dinner during the convention in Detroit. It will be held at the Statler Hotel, Thursday, June 19, at 7 p. m. Tables will be planned for Alumnae associations, with a separate table for individual members of the different districts. All Illinois nurses who expect to attend the Convention, please send their names, including the names of their schools to Ellen V. Robinson, 660 Rush Street, Chicago. Telephone, Superior 7062. Those Illinois nurses who have not made reservations with Miss Robinson may do so at any time before Thursday noon, June 19, at our special booth at the Woodward Avenue Baptist Church. Illinois badges will be provided. Each Alumnae will plan for their decorations, using their school colors, if desired. The Illinois song and other popular songs will be provided also. **Chicago.**—THE JANE DELANO POST has presented to the Club House of the First District Association a portrait of Jane A. Delano, painted by William V. Cahill. The presentation was made by the chaplain of the Post, Rev. Mr. Ewert, and was accepted by Minnie H. Ahrens, executive secretary. At a meeting of the First District Association, June 10, Dr. Gladys Henry Dick will speak on Recent Investigations in Scarlet Fever. THE RAVENSWOOD HOSPITAL held graduating exercises for a class of 7 at the Chase Park Community House on May 13. MICHAEL REESE HOSPITAL is erecting a magnificent new nurses' home which will include such luxuries as a roof garden and a swimming pool. It is hoped that the 1924 graduation can take place in the new building. Wilhelmina Agnew, class of 1902, is doing x-ray work in Los Angeles. THE ILLINOIS TRAINING SCHOOL held graduating exercises for a class of 39 on May 27 at the University Church of Disciples of Christ. The address was given by Dr. Malcolm T. McEachern. The Alumnae banquet was held on May 28 at the Congress Hotel. THE SWEDISH COVENANT HOSPITAL held graduating exercises for a class of 14, on May 21, at Swedish Mission Church. Addresses were given by Rev. Carl J. Andrews and Rev. F. O. Kling. The diplomas were distributed

by O. V. Julin and the pins by Selma Nelson. **Decatur.**—District 13, comprising eleven counties, held its regular meeting May 6, at the Decatur and Mason Hospital, Tuberculosis Sanitarium. The Public Health Nurses held a conference and luncheon at the Y. W. C. A. at twelve o'clock. A general session was held in the afternoon with an attendance of seventy. Dr. I. H. Neece gave a very instructive talk on Endocrine, followed by a social hour. The next meeting will be held in Springfield in July. **Jacksonville.**—Passavant Memorial Hospital held graduating exercises for a class of 9, on May 12, on the lawn, following the picnic dinner. The Alumnae Association gave a banquet and dance at the Colonial Inn on the evening of May 16, in honor of the graduating class. Our Savior's Hospital School for Nurses held graduating exercises for a class of four, on the evening of May 12, in the Chapel at Routt College. **Springfield.**—The Springfield Hospital will graduate a class of 11 on June 6, exercises to be held in the beautiful Centennial Building.

Indiana: The Indiana State League of Nursing Education held its April meeting in conjunction with the Indiana section of the American Hospital Association, at Fort Wayne, April 23. The League met at the German-Lutheran Hospital with Anna Holtman, Superintendent of the School of Nursing, at 11:30 a. m. After being taken through the new, well equipped building for doctors' offices of the staff of the Hospital, the members were served luncheon in the Nurses' Home. The business meeting was called to order at 1:30 p. m., Edna Hamilton acting as chairman pro tem and Lizzie Goeppinger as secretary pro tem. Attendance upon the National Convention at Detroit in June was urged. Every member of the State League was urged to become a member of the National League, at once. The resignation of Josephine Mulville as president was accepted with regret. Miss Mulville has rendered a valuable service while in Indiana and the League is sorry to lose her from the state. Ida J. McCaslin, who has been secretary of the State Board of Registration and Examination for Nurses, died in April, at the Robert Long Hospital. A committee was appointed to form resolutions upon her death. The members were very fortunate in having Mary M. Roberts, Editor of the *American Journal of Nursing* on the program. She gave a very interesting talk on the value of the National League of Nursing Education Headquarters. She also gave a talk on How to Use the *American Journal of Nursing*. Dr. W. W. Carey of the Lutheran Hospital gave demonstrations of Massage and Electrotherapy, assisted by some of the student nurses of the Lutheran Hospital School of Nursing. The meeting adjourned at 4 p. m., to meet with the Indiana section of the American Hospital Association. The Indiana State Board of Examination and Registration of Nurses held its annual meeting on May 6, and elected: President, Nellie G. Brown, Indianapolis; vice-president, Elizabeth Springer, Huntington; secretary, Clare Brook, Fort Wayne. Mrs. Alma Scott has been engaged as Educational Director for the coming year. Mrs. Scott is a graduate of the Presbyterian Hospital, Chicago, and has had experience in private duty, institutional, and public health work. Lula Cline, supervisor of school nurses, South Bend, has been appointed to fill the unexpired term of Miss McCaslin on the Board. Miss Cline is well known in the northern part of Indiana and her appointment to the Board will be very pleasing to the nurses of the state. **Bloomington.**—Lettie Wadsworth, formerly Red Cross nurse for Owen County, has been appointed Public Health Nurse for this city. **Fort Wayne.**—The First District held its twenty-fifth regular meeting at St. Joseph's Hospital, May 10. There were forty-one in attendance. Dr. Bell gave an interesting lecture on Acidosis. The next meeting will be held at the Adams County Hospital, Decatur, on July 12. **Indianapolis.**—Students from the schools of the City, Deaconess and St. Vincent's Hospitals met with students of the University School of Nursing at the Indiana University Medical School on April 22, to hear an address on the *American Journal of Nursing* by the editor, Mary M. Roberts. An informal reception followed.

Iowa: Hampton.—Miss R. Juergens, surgical assistant at the Hampton Clinic, has become surgical supervisor at the Lutheran Hospital, Sioux City. She is succeeded by Alvina Grenapp. **Marshalltown.**—The

ALUMNAE ASSOCIATION OF THE EVANGELICAL DEACONESS HOSPITAL met on April 1, when Sister Erna Schweer read a paper on Psychology for Nurses. **Waterloo.**—Nanna Colby, who has been President of District 4, has gone to Millville, Florida, to do industrial nursing.

Kansas: Wichita.—*Memorabilia* is the very handsome first Yearbook of the students of St. Francis Hospital. Although edited by the Seniors, generous space is given also to the Intermediate and Junior Classes.

Kentucky: THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting at the Brown Hotel, Louisville, June 25, 26, 27, after the convention in Detroit. A large attendance is hoped for; a good program has been prepared, and it promises to be an enjoyable and interesting meeting. **Louisville.**—THE JEWISH HOSPITAL held graduating exercises for a class of 8, on May 26, at the Young Men's Hebrew Association. A reception followed the exercises.

Louisiana: The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and Shreveport, June 16, 17, 18, 1924. For further information, address Dr. George S. Brown, Secretary, 24 Cusachs Building, New Orleans, La. THE LOUISIANA STATE NURSES (COLORED) CONVENTION AND INSTITUTE will be held in New Orleans, Pythian Temple, June 8-11. For further information address Sarah J. Buddington, 3611 South Rampart Street.

Maryland: JOHNS HOPKINS HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises for a class of 60 on May 22, in the Hospital. Dr. Warfield T. Longcope gave the address; Hon. Henry D. Harlan awarded the scholarships; Dr. Winford H. Smith distributed the diplomas. THE HOSPITAL FOR THE WOMEN OF MARYLAND held graduating exercises for a class of 20, at Brown Memorial Chapel on May 21. The address was given by Harriet Frost, School of Social and Health Work, Philadelphia. Dr. Louis P. Hamburger distributed the diplomas; Miss M. M. Gardner awarded the scholarships. A reception followed the exercises, at the Nurses' Home.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its annual meeting in the Lecture Hall, Public Library, Boston, June 6-7. The Public Health Nurses' Section, June 6, 1:30-3:30 p. m., will be in charge of Helen Fowler, Chairman. Private Duty Section, 4-6 p. m., Minnie Hollingworth, Chairman. Evening Session, 8 p. m. Carrie M. Hall will preside. There will be music, reports and a lecture. June 7, Saturday, 10 a. m.: The State League of Nursing Education. Session to be held at Thayer Nurses' Home, Massachusetts General Hospital. Round Table Discussions. Demonstrations of Procedure by Preliminary Students. 2 p. m.: Lecture Hall, Public Library, State Nurses' Association. Carrie M. Hall will preside. Ballot box open 1-3 p. m. Annual Reports will be presented. Election of officers. 5 p. m.: Tea will be served by the Boston Nurses' Club, 839 Boylston Street. **Boston.**—THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held graduating exercises for a class of 30 on March 27 in the Evans Memorial Auditorium. Dr. Alexander S. Beggs gave the address; Mr. Baker presented the diplomas; and Mrs. Thomas Bailey Aldrich, the pins. The class made a gift of $30 to the School as a nucleus of a Loan Fund. The Seniors gave a dance at the Franklin Square House during commencement week and a class dinner was held at the Hotel Brunswick, followed by a theater party. **Jamaica Plain.**—EMERSON HOSPITAL held graduation exercises for a class of 9 on April 11, at Eliot Hall. Addresses were delivered by Rev. F. E. Heath of the First Baptist Church and by Cecilia Stephansky. Dr. N. R. Synvester of Somerville presented the diplomas. Four of the students also took part in the exercises. A reception and dance followed. **Lawrence.**—THE LAWRENCE GENERAL HOSPITAL held graduating exercises for a class of 23 on April 11, at Trinity Congregational Church. The address was given by Bernard M. Sheridan, Superintendent of Schools; Mrs. Wilbur E. Rowell presented the diplomas. The class took the Florence Nightingale Pledge. **Northampton.**—U. S. VETERANS HOSPITAL No. 95 was opened on Hospital Day, May 12, with a capacity of 462 patients. **Westfield.**—THE NOBLE HOSPITAL ALUMNAE held a postponed annual meeting and elected the following officers: President, Mrs. Mary M. Hyde; vice-presidents, Mrs. Caroline K.

Spooner, Mary A. Rogers; secretary, Hazel E. Cowles; treasurer, Mrs. Ann R. Austin.

Michigan: THE MICHIGAN BOARD OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants at Lansing, Michigan, July 1 and 2, 1924. Helen deSpelder Moore, Secretary, 622 State Office Building, Lansing. Anna M. Coleman has resigned as Training School Inspector. **Ann Arbor.**—Alice L. Lake has been appointed Director of the University of Michigan Hospital School for Nurses, and Edith M. Stoll, a well qualified public health nurse, has accepted a position as instructor. The bazaar which the U. of M. School for Nurses Alumnae Association held on April 4 and 5, added $80 to the Nurses' Loan Fund. A letter was sent to each alumna asking for a contribution to the fund, and many responded very generously. However, a large number of letters were returned unclaimed. The Alumnae Association requests every graduate to send her permanent address to the Training School office. **Detroit.**—Alice Buchanan, class of 1915, Massachusetts General Hospital, Boston, for the past year a member of the First District Association and Directory, sailed from New York May 15 for Hayti, West Indies, where she has accepted an executive position at the Municipal Hospital. Florence Prenzlauer, Farrand graduate, has accepted a position on the Directory Staff. THE GRACE HOSPITAL ALUMNAE ASSOCIATION entertained the graduating class at a theater party, May 7. THE GRACE HOSPITAL TRAINING SCHOOL gave a dance and card party at the Nurses' Home on May 3. The proceeds will be contributed to the Entertainment Fund for the A. N. A. A reception was held for the thirty-seven members of the graduating class on Thursday evening, May 15, following the Community Graduating exercises at the Arcadia. The Private Duty Section met at dinner at the Pekin Cafe, May 7. The progress of the State Section work was outlined and the proposed University Extension Course for Private Duty nurses was discussed. The Trustees of the Woman's Hospital and Infants' Home gave a reception for the graduating class on May 8, at the Hospital. **Flint.**—HURLEY HOSPITAL held a commencement exercises for a class of 11 on May 21, at the Durant Hotel. **Saginaw.**—Successful beyond expectations was the dancing party given at the Bancroft Hotel, April 22, by the Eleventh District Association. The party was given to raise funds to finance sending three Senior Student Nurses, one from each hospital, to the National Convention in Detroit.

Minnesota: Duluth.—Miss Newcombe has been appointed Superintendent of Nurses, St. Luke's Hospital. She has been Assistant Superintendent at the Miller Hospital, St. Paul. **Montevideo.**—THE MONTEVIDEO HOSPITAL ALUMNAE ASSOCIATION was organized in February. Officers were elected at the second meeting as follows: President, Minnie Kvien; vice-president, Marie H. Garbe; secretary-treasurer, Mrs. Ernest Young. **Rochester.**—Joint Commencement exercises for ST. MARY'S and the KAHLER SCHOOLS OF NURSING were held in the Armory, May 27, 96 students graduating. Addresses were made by Bishop Heffron, Dr. William J. Mayo, and Professor Georgine Lommen of the University of Minnesota. The candidates were presented by Dr. John deJ. Pemberton; the diplomas were distributed by Dr. Norman M. Keith; scholarships and prizes were awarded by Dr. Herbert Z. Giffin. Events of Commencement Week were: a reception on May 20 by Dr. and Mrs. Charles H. Mayo; "On Board the North Star." May 22, Dr. and Mrs. William J. Mayo; Class Day, May 24; Alumnae banquet, May 26. **St. Paul.**—THE NORTHWESTERN BAPTIST HOSPITAL ASSOCIATION held graduating exercises for a class of 25, of the Mounds School of Nursing on May 16, at the First Baptist Church.

Mississippi: THE MISSISSIPPI STATE BOARD OF NURSE EXAMINERS will hold an examination in Jackson, July 7 and 8, 1924. Application may be obtained from Mrs. Ernestine Bryson Roberts, Secretary-treasurer, of Mississippi State Board of Examiners of Nurses, Houston, Mississippi.

Missouri: THE SECOND ANNUAL CONFERENCE FOR PUBLIC HEALTH NURSES was held at the State Capitol, Jefferson City, April 10-12, with a most interesting program. **Kansas City.**—ST. JOSEPH'S HOSPITAL held graduating exercises at St. Theresa's Junior College, for a class of 19, on March 30. The address was given by Dr. Buford Hamilton. The diplomas were conferred by Dr. J. D.

Griffith. **St. Louis.**—Washington University Training School for Nurses has completed plans with Washington University for a five-year course leading to the B. S. degree from the University, and the diploma in nursing. Claribel Wheeler, Superintendent of Nurses in the present training school will be the Dean of the new School of Nursing. The first class will enter next September. It is planned to devote the first and second years to theoretical work in the University, the third and fourth years to practical work in the hospital, the fifth year to elective work in one of the following subjects,—Supervision in Schools of Nursing, Hospital Administration, or Public Health Nursing. In any case, the first term will be spent in theory, along the special lines of the student's choice, and the last half year in practice. The standard three-year nursing course will be continued as heretofore. The Third District Association was quite successful in raising some money to complete the furnishings of the new Central Club, 4543 Westminster Place. Through the kind coöperation of the manager of one of the large moving picture theaters, the nurses received 25 cents on every ticket they sold in advance of the showing of The Confidence Man, the week of April 20th. The receipts to date amount to $700. Most of the bedrooms of the club are rented now, but one or two rooms can be used by nurses passing through St. Louis who wish to stay a short time. On Saturday, April 26, a most enjoyable informal tea was given at the Central Club for the members of the District Association and their friends. The refreshments were attractively served, and since the hours were from 3 to 9 p. m., every nurse had an opportunity to attend.

Montana: The Montana State Association will hold its annual meeting in the Chamber of Commerce, Billings, on June 12. It is hoped to have a speaker on Organization and Spirit.

Nebraska: Omaha.—Creighton-Memorial St. Joseph's Hospital held graduation exercises for a class of 27 on May 31, at Creighton University Gymnasium. W. Mae Myers, for the past two years Superintendent of the Lord Lister Hospital, has resigned her position, effective in June. She will go abroad for two months before resuming hospital work.

Nevada: The Nevada State Nurses' Association holds meetings on the first Tuesday of each month at the Colonial Hotel, Reno.

New Hampshire: Hillsboro. — The Hillsboro General Hospital Alumnae held their annual meeting, April 2, and elected: President, Ruth Carey; secretary, Bertha McCue; treasurer, Annie Stevens. Luncheon was served by student nurses. **Portsmouth.**—Rosanna O'Donoghue, formerly assistant Superintendent at the New England Hospital, Boston, has succeeded Florence McLennan as Superintendent of Portsmouth Hospital. Miss McLennan has accepted a position at the Massachusetts General Hospital.

New Jersey: The New Jersey State Board of Examiners of Nurses will hold the next examination for certificate of registered nurse on Friday, June 20, 9:30 a. m., at the State House, Trenton. Applications must be filed with the Secretary-treasurer at least fifteen days prior to date of examination. For further information apply to Mrs. Agnes K. Fraentzel, Secretary-treasurer, 302 McFadden Building, Hackensack. **Elizabeth.**—The Elizabeth General Hospital and Dispensary held graduating exercises and the 32d anniversary of the Training School in the Central Baptist Church, May 12. The address was made by Frank A. Smith, D.D. Remembrances from the visiting staff were presented by Stephen T. Quinn, M.D.; the school pins by Kate Madden; prizes by DeWitt C. Jones; the diplomas by Frederic J. Faulks. A reception followed the exercises. The baccalaureate sermon was preached on May 11 by Eben B. Cobb, D.D. **Hackensack.**—The Hackensack Hospital graduated fourteen nurses, April 30. The exercises were held in Oritani Hall; the address to the graduates was given by Dr. Fordyce St. John of New York City, whose father was the founder of the hospital. The Florence Nightingale pledge was administered to the graduates by Mary Stone Conklin, Superintendent of the hospital. This was the first graduation since the opening of the splendid new hospital. **Jersey City.**—Jersey City Hospital held graduating exercises for a class of 27 at Lincoln High School,

May 21. **Orange.**—The Guild of St. Barnabas held a service at Grace Church on the evening of May 11 for doctors and nurses in honor of the 104th anniversary of the birth of Florence Nightingale. The sermon was preached by Bishop Carroll M. Davis, Vice-Chaplain General of the Guild. In the Processional were 265 nurses and students in uniform. Each nurse was given a small card with the Nightingale Pledge. **Plainfield.**—District 1 held a regular meeting at Muhlenberg Hospital on May 13. Mrs. F. E. Feichert was the speaker.

New York: The New York State Nurses' Association issued the first number of the *State Bulletin* in April. N. Grace Bissell of St. Luke's Hospital, New York, is editor. It contains interesting news and announcements from the State Association and the districts. **Albany.**—The Albany Hospital Alumnae Association held its annual meeting on May 8 and elected: President, Mrs. Kathryn Lamb; vice-presidents, Anna Goldsmith, Edith Lowe; secretary, Kathryn Quinlan; treasurer, Mrs. Nellie Bright. During a recent drive for funds with which to build a much needed addition to the Albany Hospital, the Nurses' Alumnae Association contributed $36,000 for the purpose of obtaining an Endowed Room for the members of the Association to occupy free of charge when ill. One-half of this amount was a gift to the nurses from Mrs. Emily N. Huyck, and the other $18,000 will be raised by the Association. This room will be in the new wing. June, 1924, marks the twenty-fifth anniversary of the Training School and plans are on foot to entertain all graduates of the school on June 9 and 10. The Alumnae Association will give a banquet in honor of the graduating class on June 9. All former graduates are invited to attend. The Hospital will conduct graduating exercises in the afternoon on June 10, and entertain with a dance in the evening. **Auburn.**—The Auburn City Hospital Alumnae met on April 25 and heard an interesting report of the District meeting from Helen T. O'Hearn. **Brooklyn.**—Long Island College Hospital held commencement exercises for a class of 22 on May 29 at the Academy of Music. A scholarship at Teachers College and a scholarship medal were awarded. A dance followed the exercises. **Buffalo.**—Millard Fillmore Hospital held commencement exercises for a class of 12 at the Westminster Parish House on May 15. **Canandaigua.**—Frederick Ferris Thompson Hospital held graduating exercises for a class of 8 at the Congregational Chapel on May 19. The speaker was Major Julia C. Stimson of the Army Nurse Corps. A reception followed the exercises at the Nurses' Home. **Ithaca.**—Ithaca City Hospital graduated a class of 15 on May 1, exercises being held at Barnes Hall, Cornell University. The Alumnae gave the class a banquet on April 30. Elizabeth G. Hugg, class of 1910, has been appointed County Tuberculosis Nurse. The Alumnae officers are: President, E. Hugg; vice-president, Ann Ludlow; secretary, Dorothy Van Buren; corresponding secretary, Clara M. Woolsey; treasurer, Laura A. Head. The Association has raised $145 by means of the sale of a Hope Chest for a Sick Nurses' Fund. **Mineola.**—The Public Health Nurses' Association held its fifth annual conference at the Court House on May 15. Addresses were given by Dr. Haven Emerson and Dr. Richard Slee. A dinner was given the Nassau County Public Health Nurses in the evening. **New York City.**—The annual meeting of the New York State League of Nursing Education, Section One, was held at the Henry Street Nursing Center on May 7. The "get-together" dinner proved a delightful innovation. Christiane Reimann, Secretary of the International Council of Nurses, made an interesting address on the history of the Council and Mary M. Roberts gave Some Impressions of Nursing in the West. Helen Young was elected President and Marion Durrell, Secretary. Bertha Lehmkuhl has succeeded Delia Dowling as Superintendent of Nurses at the Fifth Avenue Hospital. Josephine Hughes has resigned the position of Superintendent of Nurses at the Hospital for Ruptured and Crippled. The Nurses' University Club, a purely social organization of which Mrs. Deborah Allee is President, meets monthly at Allerton House. The Club is especially interested in assisting overseas nurses who are still unadjusted. The third annual meeting of the Industrial Nurses' Club of New York was held on May 8 at the Allerton House. The following officers were elected:

President, M. Nichols; vice-president, M. W. Phelps; secretary, G. King; treasurer, Mrs. Long. The Club members are to have an outing on Saturday afternoon, June 7, to Scarsdale, and dinner at the Tea Room managed by Mrs. Hill, a member of the Club. There will be no meetings during the summer months. THE CITY HOSPITAL SCHOOL OF NURSING held graduating exercises for a class of 25, on May 15, at the Nurses' Home. ST. LUKE'S HOSPITAL held graduating exercises for a class of 69 in the Chapel on April 29. THE PRESBYTERIAN HOSPITAL held commencement exercises in the Madison Avenue Presbyterian Church on May 8, for a class of 51. The address was given by George Alexander, D.D. The pins were presented by Miss Maxwell; the diplomas by Moreau Delano. A reception followed at Florence Nightingale Hall. THE COMMUNITY HOSPITAL held graduating exercises for a class of 7 on May 21. **Saranac Lake.**—A joint meeting of the Public Health Nurses of Northern New York and the members of District No. 8, was held on May 8 and 9. The opening session was held in Trudeau Memorial Room with an interesting program,—Public Health Administration, by Dr. C. C. Trembley (Local Health Officer); Public Health Nursing Ethics, Frieda Johnson (Field Director, Red Cross P.H.N. Service); Reminiscences of Public Health Nursing in the State Department of Health, by Dr. John Smith, first director and secretary of the Division; Communicable Diseases and Artificial Immunization, by Dr. Shanley Sayer, Sanitary Supervisor. The afternoon session was held at the Community House and was given over to the annual meeting of District No. 8, at which the following officers were elected for the ensuing year: President, Mary C. Mullen; vice-presidents, Mrs. A. W. Pearson and Mrs. Dorothy D. Erickson; secretary, M. Camilla Hayes, 38 Margaret Street, Saranac Lake; treasurer, Mrs. A. H. Denny. An excellent talk was given by Dr. Florence McKay (Director of the Division of Maternity, Infancy and Child Hygiene, State Department of Health) on the Shepard-Towner bill and the activities of the Division of Maternity and Child Hygiene in the State. During the evening, the nurses enjoyed a drive around the surrounding country in cars donated for that purpose by residents of Saranac Lake. The second day of the conference was spent in visiting the Trudeau and Raybrook Sanatoriums. At Trudeau, Dr. Hahn spoke on incipient and minemal tuberculosis and at Raybrook, Dr. Bray told of the functions, responsibilities and management of the institution. **Utica.**—DISTRICT 7 held a meeting on May 8 at the Homeopathic Hospital. Mabel M. Chase of Syracuse spoke of the value of a central directory. Mrs. Bertha Mascott of Albany spoke of school nursing. Plans were made for a picnic to be held some time in June.

North Dakota: THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its twelfth annual meeting in Jamestown, April 23-25,—a most successful one. The sessions were well attended and reports from the various departments point to activity and progress. All of the organized Alumnae Associations are now affiliated with the State Association, with constitutions and by-laws conforming to those of the A. N. A. Louise M. Powell, of the University School of Nursing, Minneapolis, was present and her splendid addresses, and the influence of her very presence filled the members with new visions, and enthusiasm to do more for their profession and for humanity in the future. The Public Health nurses organized a Section which will be of particular benefit to the nurses engaged in that phase of work. The banquet which was held the first evening will be one long remembered by those in attendance. Splendid music was furnished throughout the sessions which was thoroughly enjoyed and helped make the meetings a success. The retiring president, Miss Sand, was presented with a beautiful basket of flowers at the last session. Bismarck, the Capitol City, was chosen as the next meeting place. The following officers were elected: President, Edith B. Pierson, Fargo; vice-presidents, Mrs. W. O. DuBord, Minot, and Sister M. Gilbert, Fargo; secretary-treasurer, Mrs. Harry Morris, Jamestown; corresponding secretary, Esther H. Teichmann, 811 Avenue C, Bismarck; Board of Directors: Mildred Clark and Wanda Kurth, Devils Lake; Josephine Stennes, Rugby; Mrs. Mildred Esaackson, San Haven. Two delegates were chosen for the Biennial convention.

Ohio: The twenty-first annual convention of the OHIO STATE ASSOCIATION OF GRADUATE NURSES was held in the Memorial Hall, Columbus, April 15, 16 and 17. The Presidential address of Augusta M. Condit was a carefully prepared and exceedingly interesting history of the organization. All past-presidents had been asked to contribute and a number who were present gave their messages in person. Messages were read from those who were unable to attend, that of Mary Hamar Greenwood, charter member and first president being of especial interest because, although totally blind herself, Miss Greenwood is working with the blind ex-soldiers at St. Dunstan's, London, Eng. An intensive program was carried out. It was divided into three parts: that which concerned the Public Health Nurses, the Educational Section, and the Private Duty Section. In the Public Health Section, Dr. John E. Monger, Director of the State Department of Health of Columbus, presented The Shepard-Towner Bill as It Functions in the State of Ohio; Gladys Sellew, School of Nursing and Health, University of Cincinnati, subject, Child Hygiene from the Sociological and Psychological Point of View. The Private Duty program focussed on Hourly Nursing, and most of this discussion will be found in this *Journal*. Under the Educational Section Program, Ethical Obligations of the Graduate to the School of Nursing and Hospital by Elizabeth Pierce, Superintendent of the Children's Hospital, Cincinnati; Development of National Headquarters with a Symposium of the Work Done by the National League of Nursing Education, by Laura R. Logan, School of Nursing and Health, Cincinnati, and President of the National League of Nursing Education. The nurses of Ohio were delighted to have at this time the Editor of the *American Journal of Nursing*, Mary M. Roberts, who brought back to her old home the inspiration that she always gave them when in their midst. Her address, Some Impressions of Nursing Conditions in the West and Northwest, was delightful throughout. Probably one of the most important accomplishments during the year was to establish a central office and employ a full time General Secretary. Ohio reports 2,404 members, 151 of whom are new members, due to a recent membership campaign. Two institutes were held during the year, one for Instructors and Supervising Nurses, and the other for Public Health Nurses. In the recent convention 500 registered. The Association resolved to go on record as opposing frequent changes in office of the State Welfare Department and the Department of the State Board of Health, agreeing with the principle of attempting to stabilize and strengthen the methods of appointment in these Departments. The Nurses' Association also recommends that students in schools of nursing be given a chance to obtain tuberculosis and mental experience within a period of three years. A committee has been appointed to approach the proper state officials regarding facilities for this instruction. The Resume of the Conditions Existing in the State with Respect to the Accredited Schools of Nursing was given by Caroline V. McKee, Chief Examiner of the Nurse Registration Committee, and the report of the Traveling Teacher, Nellie S. Parks, told of her work during the school year. Round Tables were conducted in the following subjects: Nursing Education in Tuberculosis; Nursing Education in Mental and Nervous Diseases, Katherine Densford, University of Cincinnati, presiding; Industrial Nursing, Rachael Kidwell, Jeffrey Manufacturing Company, Columbus, presiding; Red Cross County Nursing Service: Problems on Rural Nursing, Marguerite Fagen, Supervisor Hamilton County Red Cross Nursing, presiding; School Nurses: Problems of School Nursing, Ethel E. Osborne, Superintendent of Nurses, Board of Education, Cleveland, presiding; Psychology in the Day's Work as it Applies to the Nursing Profession, Faye Crabbe, Instructor Grant Hospital, School of Nursing, Columbus, presiding. The convention covering a period of three days was considered helpful by all those who attended. District 12 proved an exceptional hostess. The social activities began with a dinner by the Executive Board of the District to the Board of the State Association. Owing to sudden illness in the family of the Governor, Mrs. Donahey was unable to receive the delegates at the Executive Mansion and Mary A. Jamison, Superintendent of Grant Hospital, gave a delightful tea at the new Nurses' Residence instead. The Grant Hospital

Alumnae Association served tea at Memorial Hall on another afternoon. Many delegates visited the State House and the new Children's Hospital. The Convention closed with a gay dinner at the Athletic Club, attended by 350 persons. V. Lota Lorimer was the witty toastmistress. A unique feature of the entertainment was Miss Lorimer's running comment on pictures which were thrown on a screen showing "Who's Who in Ohio", "Has Been's in Ohio", and the "Going-to-Be's". Under Miss Condit's highly successful leadership the association has shown marked growth. The officers are: President, Caroline McKee, Columbus; president elect, Mary Jamieson, Columbus; vice-presidents, Carolyn Gray, Cleveland and Phoebe Kandel, Cincinnati; secretary, Lucille Grapes Kinnell, Columbus; treasurer, Mrs. Nettie Deyell Schnabel, Lima; Trustees, Augusta Condit, Katherine Mapes, Examining Committee, Augusta Condit, Columbus; State Examiner, Caroline McKee, Columbus; Chairman, Public Health Section, Marguerite Fagen, Cincinnati; Chairman, Private Duty Section, Carrie Sell, Milton Center; Chairman, Education Section, Nellie Parks, Columbus. The next meeting will be held in Toledo. **Alliance.**—The Alumnae Association of the Alliance City Hospital gave a year's subscription to the *Journal* to the student nurses of their training school. **Cincinnati.**—Christ Hospital held commencement exercises for a class of 36, on May 15, at the Walnut Hills M. E. Church. The address was given by Rev. C. E. Schenk. Miss Thatcher presented the class; James N. Gamble gave the diplomas. A reception followed in the church parlors. The baccalaureate sermon was preached on May 4 at the Mt. Auburn Presbyterian Church by Rev. John W. Christie. Class Day exercises were held on May 10. The Alumnae Association entertained the class on May 16 at the Business Men's Club. **Lima.**—Lima Hospital held commencement exercises on May 10 for a class of 17 at the Central High School. The address was given by Professor John Davisin. J. R. Rickoff presented the diplomas. The class recited the Nightingale Pledge. The baccalaureate sermon was given on May 4 at Trinity Methodist Church by Rev. C. A. Rowand.

Oklahoma: The State League of Nursing Education at its semi-annual meeting held in April made Mrs. Idora Rose Scroggs a life member in appreciation of the work she has done for nursing education in that state.

Pennsylvania: Philadelphia.—The American Hospital for Diseases of the Stomach held graduating exercises for a class of 6, on April 29 at Columbia Hall. A reception followed the exercises. Hahnemann Hospital held graduating exercises for a class of 10, on April 30, at the Central Y.M.C.A. The address was given by Bishop Philip J. Steinmetz; the graduates were announced by Dr. H. P. Leopold. Diplomas were awarded by Charles D. Barney, and class pins by Eva J. Hood, Superintendent of Nurses. Four prizes were awarded. On May 3, the Alumnae Association gave a dinner-dance to their new associates at McAllester's which was a delightful success. Nearly all classes were represented by the 84 graduates. The guests were welcomed by the President, Agnes Jacobs, while Esther R. Entriken spoke on opportunities open to nurses. The dance followed. The Nurses' Alumnae Association of the Lankenau Hospital, celebrated their annual reunion April 11, and at the same time entertained the class of 1924 by a motor trip to Valley Forge, and a dinner at the Jeffersonville Inn, Jeffersonville. A service was conducted by the Rev. Herbert W. Burk, in the Washington Memorial Chapel. The Alumnae Association of the Mt. Sinai Hospital held its regular meeting on April 24, at the Hospital. $44. was contributed to the Nurses' Relief Fund. Mrs. Vera Weiss, class of 1916, for three years connected with the American Relief Workers at Petrograd was present and spoke most interestingly on her work. Contracts for the erection of a new Nurses' Home have been awarded and work has already begun. The Home will consist of six stories, with gymnasium, roof garden, individual rooms, reception rooms, library, study halls and various other conveniences which go toward making an ideal nurses' home. At the Annual Meeting of the Alumnae Association of the Training School for Nurses of the Philadelphia General Hospital, held April 21, the following officers were elected: President, Marie Fawcett; vice presidents, Mrs. Frances Hess Lewis and Mary Breslin; recording secretary, Loretta M. Johnson; treasurer,

Eleanor Shelly. On Easter Sunday afternoon in commemoration of Alice Fisher who founded the Training School and was its first Chief Nurse, services were held in the Nurses' Home, following which the faculty, student nurses and graduates of the School walked to the resting place of Miss Fisher in Woodland Cemetery and each placed upon her grave a flower. This is a service dear to the hearts of the nurses. This year marks the fortieth anniversary of her coming to take up her duties in the Hospital. On Monday evening a banquet was tendered to the graduating class by the graduates of the School. One hundred and seventy were present at this event. The following afternoon the Student Government Association of the Training School gave a tea in honor of the graduates. In the evening an illustrated talk on the History of Nursing was given by Stella Goostray, Educational Director of the School. The Samaritan Hospital Alumnae has had as a typical feature of its meetings, the past few months, an address by a physician or some other person upon the topics of the day. Dr. Clark spoke upon Insulin; Dr. Bauer upon the Schick test; Dr. J. O. Arnold will speak upon pre-natal influences at the next meeting. They have had a lecture upon character reading and other interesting things. The ground has been broken for the new hospital, and at last they see visions of the long hoped for building that is so badly needed and for which so many of the members have worked hard. They cleared the Endowment December 23, 1923, the contract being signed by the Hospital Committee and the Trustees of the Alumnae Association. When the new building is completed, the Association is to have a room in it. It may be necessary to refurnish it, but the members will take care of their room. They unanimously decided to continue the endowment fund and to create a new fund to be called the maintenance fund. A card party will be given by Mrs. Ida Price Schurch to start this fund. Elizabeth Emenheiser has accepted a position at the Widener Memorial School. **Pittsburgh.**—The Allegheny General Hospital held commencement exercises for a class of 13 on May 15 at the First Presbyterian Church. The address was given by Samuel Harden Church. Maitland Alexander, D.D., presented the diplomas; Lottie A. Darling, the pins. A reception followed at the William Penn Hotel. At the May meeting of the Nurses Alumnae Association, the members decided to accept the invitation of the Superintendent of Nurses to appear at the Commencement exercises in uniform. The arrangements for the annual picnic were taken up for July 31, at Riverview Park. The School of Nursing of Mercy Hospital conferred diplomas on a class of 71 on May 13, at the Memorial Hall, an address was given by Rev. James R. Cox; address and conferring of diplomas by Dr. Grover C. Weil. Acceptance of Preliminary Class. Presentation of Honor to Mrs. DeLozier Morris, R.N., awarded by the French Government for service rendered on battle field in France, by Dr. A. Leteve, French Consul. The Graduating Class was entertained by the Alumnae Association with an informal dance at the Knights of Columbus Ball Room. **Wilkes-Barre.**—Wilkes-Barre City Hospital held its thirty-fifth commencement for a class of 18 on May 23, at the High School Auditorium.

Rhode Island: Providence.—The quarterly meeting of the Rhode Island State Nurses' Association was held April 17, at the Medical Society Library, with sixty members present. Four nurses were elected to individual membership. The finance committee reported the treasury practically empty. It was voted that each member be asked to subscribe one dollar toward a reserve fund. The Association voted to accept the transfer membership card as recommended by the American Nurses' Association. An address by Dr. Clarence L. Scamman, Assistant Superintendent of Health, on Phases of Public Health Old and New, was followed by tea and a social hour. The Alumnae Association of Butler Hospital gave a spring dance at Ray Hall, April 22. A sale of candy and spring flowers neted a goodly sum which will form the nucleus of a Scholarship Fund. The Alumnae Association of the Homeopathic Hospital held its annual dinner April 22. The Superintendent and Assistant Superintendent of the Training School, and the graduating class were the guests of honor, and a roll call of classes followed the dinner. The Rhode Island Hospital Nurses' Alumnae Association held its monthly meeting April 28 at the Nurses' Home. The business meeting was

followed by an old-fashioned spelling-match, and a tea. The Association held a dance at the Providence Plantations Club, April 24, which was the first of a series of entertainments to be given in effort to raise a scholarship fund of five thousand dollars. THE RHODE ISLAND HOSPITAL NURSES' CLUB had as speaker at its April meeting, Eva Gaudette, Assistant Curator at the Roger Williams Park Museum, who gave a most interesting talk on birds. THE ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual dance in honor of the graduating class, May 12, at the Plantations Club with an attendance of about two hundred and twenty-five. THE RHODE ISLAND BRANCH OF THE ST. BARNABAS GUILD held a Florence Nightingale Memorial Meeting at Diocesan House on May 12. The speaker, Elizabeth Bury, gave an interesting account of her work as a missionary in Japan.

Woonsocket.—THE WOONSOCKET HOSPITAL NURSES' ALUMNAE ASSOCIATION enjoyed an address by Dr. W. F. Barry on The Ideal Nurse at their April meeting. A whist and dancing party was held in Elks Hall on May 12 for the benefit of the Sick Nurses Fund.

Texas: THE STATE ASSOCIATION will hold its annual meeting in Dallas,—June 11-13.

Houston.—DISTRICT 9 at a recent meeting voted to give $25 toward the gift of the Federated Women's Club to the Art Museum. The Association gave a banquet at the Y.W. C.A. on May 14 for the thirty-three members of the graduating classes from three schools.

San Antonio.—DISTRICT 8 held its April meeting at the Menger Hotel with a buffet supper. Mrs. Maud Lee spoke of the necessity of having a nurse at the County Poor Farm where there are a number of cases of tuberculosis. Ways of accomplishing this were discussed. Miss Strehan, Chief Nurse at the Fort Sam Houston Base Hospital, spoke of work and progress in the Army Nurse Corps. DISTRICT 8 entertained the Ladies' Auxiliary of the State Medical Convention when it met in the city the week of April 28, with a tea and reception, the latter being at the beautiful home of Mrs. Walthall, a graduate of the University Hospital of Philadelphia.

Washington: THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Spokane, June 10-12, preceding the national meetings in Detroit. Northwestern nurses will travel to the convention in a special car. Marjorie Thornton of the Minor Hospital, Seattle, has been appointed to the State Examining Board.

Everett.—THE EVERETT GENERAL HOSPITAL was opened on February 27. It is a three-story modern building with a bed capacity of 85. Mrs. Harrison is Superintendent. A pleasant nurses' home adjoins the Hospital.

Spokane.—THE DEACONESS HOSPITAL graduated a class of 13 on April 21, at Central Church. The charge to the class was made by Dr. E. J. Lawrence, who spoke in high terms of the Institution and referred to the rapid progress made in recent years in Medical Science. The diplomas were presented by President Higley. Baccalaureate services were held in St. Paul's Church on April 20, with a sermon by Dr. Louis Magin.

Tacoma.—TACOMA GENERAL HOSPITAL has purchased a house near the Hospital where eleven members of the faculty will live.

Wisconsin: Ashland.—THE ALUMNAE AND STUDENT NURSES OF ST. JOSEPH'S HOSPITAL gave a dancing party at the Elks' Club on Valentine's Day. The sum of $130 was realized, which will go toward the Scholarship Fund of the school. The regular meeting of the Eleventh District was held at the Ashland General Hospital, March 29. Senior nurses of both hospitals were guests. The meeting opened with community singing. Reports of the La Crosse meeting and of the meetings of the Board of Directors were given. A Committee was appointed to determine the feasibility of organizing a Private Duty Nurses' Section in the District. After the business session, a lunch was served by the nurses of the General Hospital.

Fond du Lac.—ST. AGNES HOSPITAL held commencement exercises for a class of 16, on May 12, at the New Garrick Theater. Addresses were given by Rev. H. W. Lear and E. L. Mendenhall. The graduates were presented by Dr. D. J. Twohig,—they recited the Nightingale Pledge. The diplomas were conferred by Dr. F. S. Wiley; the pins were presented by Ellis J. Walker, Superintendent of Nurses. Other Commencement events were: a Junior-Senior dinner on April 28; an Intermediate-Senior banquet on April 30; an Alumnae-Senior banquet on May 8; Alumnae reunion,

May 8-13. **Milwaukee.**—MOUNT SINAI HOSPITAL hold graduation exercises for a class of 25 on May 5, at the American Luther Association Hall. A dance followed the exercises. On April 29, a dinner was given by the Intermediate Class. On May 1, class-day exercises were held, when the class gift to the school, a large dictionary on a standard was presented and accepted. On this evening prizes were awarded to two students in each class. On May 3, the Alumnae gave a dinner and dance. **Oshkosh.**—THE SIXTH DISTRICT held its annual meeting on May 7 in Mercy Hospital. Officers elected are: President, Margaret Foley; vice-presidents, A. B. Chamberlain and Ada Garvy; secretary, Mrs. R. H. Bitter; treasurer, E. B. Allen. Ninety members were present and enjoyed the program which included talks on Child Labor Law by F. W. Wilcox, chairman of the Industrial Commission; What the Vocational School Does for Our Boys and Girls, by N. S. Ford of Appleton; The Modern Factory, by Mary Baker, Employment Executive of the Kimberly Clark Mill. A social hour followed.

Wyoming: THE WYOMING STATE NURSES' ASSOCIATION will hold its annual meeting at Sheridan, June 24-28.

MARRIAGES

Elizabeth Campbell, County Nurse, Hood County, Oregon, to W. H. Bickford, April 21.

Alyene Carpenter (class of 1922, Davis Hospital, Pine Bluff, Ark.), to Arnold Swancarro, April 2. At home, Pine Bluff.

Laura W. Copeland (class of 1922, St. John's Riverside Hospital, Yonkers, N. Y.), to Alfred J. Bell, April 21.

Adina Ellasen (class of 1922, Lincoln Sanitarium, Lincoln, Nebr.), to Otto W. Lind, April 24. At home, Atlanta, Nebr.

Eva M. Finlaw, to John H. Williams, April 30. At home, Saranac Lake, N. Y.

Lulu Florey (class of 1920, Hahnemann Hospital, Philadelphia), to Russell C. Wells, April 19. At home, Philadelphia.

Ethel Francisco (Garfield Park Hospital, Chicago, Ill.), to Fred H. Kernan, April 2.

Hazel French (Army School of Nursing), to Frank Ryan, April 27.

Sadie Halverson (class of 1922, Montana Deaconess Hospital, Great Falls), to Jack Lane, March 15. At home, Lowry, Mont.

Annette Helene Howe (class of 1923, Hartford Hospital, Hartford, Conn.), to George E. Leary, At home, Hartford, Conn.

Maude Ingalls (class of 1919, Michael Reese Hospital, Chicago), to Leonard H. Newkirk, April 14.

Huldah Kayser (class of 1921, Michael Reese Hospital, Chicago), to Philip Daly, M.D., April 26.

Alice Martin (class of 1918, Germantown Hospital, Philadelphia), to Samuel L. Farra, April 18.

Charlotte Matthews (class of 1922, Lankenau Hospital, Philadelphia), to Shelby Curlee Stanley, April 7. At home, Little Rock, Ark.

Helen Morgan (class of 1924, Georgia Baptist Hospital, Atlanta), to H. Eugene Blackburn, April 5.

Mrs. Ada Strong Newton (class of 1920, Erlanger Hospital, Chattanooga, Tenn.), to Fred McIsaac, M.D., April 30. At home, Chattanooga.

Anna J. Paulsen (class of 1917, Iowa Methodist Hospital, Des Moines, Ia.), to J. C. MacDonald, Jr., March 17. At home, Saranac Lake, N. Y.

Ethyl Reinheimer (class of 1923, St. Luke's Hospital, Bethlehem, Pa.), to W. Boyer, March 22. At home, Bethlehem, Pa.

Kathryn L. Reddy (class of 1920, Woonsocket Hospital, Woonsocket, R. I.), to Edwin McCabe, April 28. At home, Hartford, Conn.

Florence Mae Roeder (class of 1914, Mt. Sinai Hospital, Philadelphia), to John Thomas Faulls. At home, Pottsville, Pa.

Pearl Sanford (class of 1916, Lawrence and Memorial Hospital, New London, Conn.), to Harry J. Olson, April 18. At home, Halifax.

Edith G. Slemmer (class of 1920, Mt. Sinai Hospital, Philadelphia), to David Robinson. At home, Philadelphia.

Marie Smith (class of 1922, Long Island College Hospital, Brooklyn, N. Y.), to Frederick G. Yalden, April 12.

Viola Swarthout (Albany Hospital Training School, Albany, N. Y.), to Robert Sabinau, April 10. At home, Milwaukee, Wis.

Anna M. (Babe) Sylvan (class of 1917, Michael Reese Hospital, Chicago), to John Boyle, April 26.

Mary Thompson (class of 1917, Allegheny

General Hospital, Pittsburgh, Pa.), to Benjamin Lutz, April 5. At home, Pittsburgh, Pa.

Ruby Utterbach (class of 1922, Lakeside Hospital, Chicago), to Wesley Kibby, April 26. At home, Michigan City, Ind.

Lucy Verity (class of 1918, St. Luke's Hospital, Chicago, Ill.), to Harvey O. Younger, April 1. At home, Appleton, Wis.

DEATHS

Lillian Allen (Woman's Medical College Hospital, Philadelphia), on April 1, in Florida, of pneumonia. Miss Allen has been prominent in nursing circles. She was Superintendent of Woman's Homeopathic Hospital, Philadelphia, did Welfare Work in Atlantic City, N. J., was active in securing registration in Pennsylvania. She was Superintendent of Nurses at the Protestant Hospital, Columbus, opened a Boys' Industrial School, Lancaster, also Municipal Hospital, Lancaster, O.; was Superintendent of Bethesda Hospital in Zanesville, active in the Red Cross, Secretary Muskingum County Public Health, and organized District No. 6 in Ohio and through her efforts the district was held together.

Jeanette Ingraham Bates (class of 1914, St. Luke's Hospital, New York), on March 21, at Guelph, Ontario, Canada. Burial was at North Sidney.

Mrs. Max Lebman (**Elizabeth Baxter**, class of 1909, Jewett Training School, Bushwick Hospital, Brooklyn, N. Y.), on April 28, after a long illness. Mrs. Lebman will be remembered by those who knew her as a woman of high principles, whose mentality and ability were above the average. She was an earnest worker in her alumnae, having been treasurer for two years; she will be greatly missed.

Adeline M. Davis (class of 1878 of the Boston Training School for Nurses attached to the Massachusetts General Hospital, Boston, Mass.), April 20, at her late home, Petitcodiac, N. B., Canada.

Mrs. Eisle (**Josephine Dittman**, class of 1891, Illinois Training School, Chicago), on March 15, of pneumonia. Mrs. Eisle had recently joined the staff of nurses at Cook County Hospital.

Mabel Drabble (class of 1901, Homeopathic Hospital of Rhode Island, Providence), April 5, at Long Beach, Calif.

Mrs. S. F. Scott (**Lillian Ferris**, class of 1906, Wichita Hospital, Wichita, Kas., recently, of pneumonia, at Muskogee, Okla. Mrs. Scott will be greatly missed in her home town, Waukomis, Okla., where she assisted her husband, a practicing physician, in all his work. In fact, the country round about has benefited by her ministrations. She was an active club woman; she had served as a member of the Board of Education, and was identified with her professional organizations. She was always cheerful, a good neighbor and friend.

Edith H. Gray (class of 1915, Mercy Hospital, Pittsfield, Mass.), on April 26, at Deland, Fla., after five days' illness of pneumonia. Miss Gray served a year at Camp MacArthur, Texas, and a year overseas in the aviation section, during the war. She was faithful in her work; she had a happy disposition and she will be greatly missed by her friends. Burial was at Chicopee, Mass.

Mrs. C. D. Eckstein (**Mary Frances Herbert**, (class of 1912, Seattle General Hospital, Seattle, Wash.), on March 18, at Sunnyside, Wash., soon after being operated upon for intestinal obstruction. Mrs. Eckstein was an ex-service nurse, a member of Base Hospital No. 50.

Mrs. David Fingard (**Evelyn Holden**, (class of 1923, Providence Hospital, Seattle, Wash.), recently, in Vancouver, B. C., following an operation.

Zelma Hoffman Hyde (class of 1921, Union Hospital, Terre Haute, Ind.), January 23, at her home in Suleyville, Ind., after a very short illness.

Clemmie M. Inglis (class of 1906, Massachusetts Woman's Hospital, Boston, Mass.), on April 13. Miss Inglis was a splendid type of woman and an excellent nurse, being faithful and conscientious in all her work. After giving up private nursing she took special courses fitting her for the many public health positions she held. The last three years of her life were full of suffering, borne with courage and fortitude. She knew she could not recover and worked until within a month of her death. She was engaged in tuberculosis work for Passaic County at Paterson, N. J. Burial was at her birthplace, Mahone Bay, Nova Scotia. Her loss is mourned by her many associates.

Ella Keller (class of 1894, Memorial Hospital, Orange, N. J.), April 22, at Scranton, Pa., after a long illness cheerfully borne. Miss Keller served as a nurse during the Spanish-American War. She was a member of the Orange Branch, Guild of St. Barnabas.

Ida Jean McCaslin (class of 1903, LaFayette Home Hospital, LaFayette, Ind.), on April 16. Miss McCaslin was a splendid type of woman and is loved and mourned by her many co-workers, patients and friends. After engaging in private duty for a few years, she took up public health and tuberculosis nursing. In 1921, Miss McCaslin was appointed a member of the State Examining Board, and she had served as Secretary since that time. At the time of her death, she was Superintendent of the Miami County Hospital, Peru. In Miss McCaslin, the profession has lost one of its most valuable and enthusiastic members.

Mrs. E. R. Williams (**Laura Macfarland**, class of 1900, Waltham Training School for Nurses, Waltham, Mass.), on April 9, in St. John, N. B.

Grace McWilliams Max (class of 1918, Home Hospital, LaFayette, Ind.), on March 16, due to a complication of diseases. Prior to her marriage last June, Mrs. Max did private duty nursing. She was active in her work, was of a genial disposition, and was loved by all who knew her.

Elma Elizabeth Morrow (class of 1914, Asbury Hospital, Minneapolis, Minn.), April 22, at Syracuse, Kansas. Soon after her graduation Miss Morrow went to Hamilton County, where she was employed as a public nurse. She was also in charge of the Syracuse Hospital prior to its closing a year ago. During the influenza epidemic in Syracuse Miss Morrow was a ministering angel to the sick and never failed to respond to a call during the day or night, when it was possible for her to do so; often visiting many patients in a day in different sections of the city. Burial was at Washington, Iowa.

Mrs. Emily Nixon (class of 1892, Michael Reese Hospital, Chicago), recently. Mrs. Nixon, a member of the first class, will be greatly missed, as she was vitally interested in all nursing activities and until lately was active in the Alumnae Association.

A Correction.—**Elizabeth B. Read** (class of 1896, Union Hospital, Fall River, Mass.), on February 6. Miss Read took a postgraduate course at the New York Eye and Ear Infirmary. She did private duty nursing in Fall River and Providence for several years, and for sixteen years was in charge of the Visiting Nurse work connected with the New York Orthopedic Hospital. During the epidemic of influenza (1918-1919), she did Red Cross work in camps outside of New York City. Later she entered the U. S. Public Health Service and was stationed at Marine Hospital, Staten Island and Parker Hill Hospital, Boston, from which place she went to Exeter, N. H., where she died suddenly from cerebral hemorrhage.

Amy Louise Smith (class of 1918, Union Hospital, Terre Haute, Ind.), on January 11, at her home near Marshall, Ill., after a short illness. Miss Smith was a Red Cross nurse and did service during the World War at Camp Gordon and Fort McHenry, 1918 to 1920. In all her work, whether it was teaching, nursing or helping home folks, she gave herself unsparingly. In every phase of life she more than met her obligations. She will be greatly missed by all who knew her and the profession has lost a valuable member.

Grace Steppler (class of 1920, Mercy Hospital, Bay City, Mich.), at the hospital, March 7, following an operation. Miss Steppler did private duty and was beloved by her patients and fellow workers. She was buried in uniform. Members of her class acted as honorary pall bearers. Burial was at Bay City.

Lillie E. Thompson (class of 1903, City and County Hospital, St. Paul, Minn.), at St. Luke's Hospital, February 24. Miss Thompson did private duty for several years. She served at Fort Riley, Kans., from October, 1918, until the following spring when she became ill and was transferred to the Army Hospital at Denver, Colo. She was finally discharged as an arrested case of tuberculosis, and returned to St. Paul, where she did active duty again, but only for a short time. For the past two years she has been ill at the U. S. Veterans' Hospital No. 65, St. Paul, and at St. Luke's Hospital.

Ruth Tuttle (class of 1915, Waltham Training School for Nurses, Waltham, Mass.), on April 14, at her home in Hartford, Conn.

BOOK REVIEWS

Obstetrical Nursing. A Manual for Nurses, Students and Practitioners of Medicine. By Charles Sumner Bacon, M.D. Second edition. 240 pages. Illustrated. Lea and Febiger, Philadelphia and New York. Price, $2.75.

In stating the chief points in his revision, the author gives recognition to the present day advancement in a better comprehension of the place of maternity in the question of public health. Emphasis is also given to the necessity of all obstetrical care being based upon a scientific knowledge of the fundamentals of reproduction.

In Chapters II and III, the value of the text is increased by illustrations and their descriptions of the structures and functions involved in reproduction, the early development of the embryo, and the physiological and pathological changes in pregnancy, all of which contribute to essential knowledge in the practice of obstetrical care.

Any general treatment of the subject of obstetrical nursing must of necessity include more or less of known methods and procedures, but the author has presented his subject matter in a logical and interesting form, with good care for detail.

About eighty pages are devoted to labor, the forces concerned, its mechanism and management, all of which, while sufficiently elementary, bring out the scientific aspects.

Completeness marks the presentation of obstetrical operations both in text and illustrations, and that portion of the work devoted to infant care gives methods and procedures in a most comprehensive manner.

The book as a whole should be regarded as a valuable aid to the study of both practical and scientific obstetrical care. It is safe to predict a wide use of the book.

Nancy E. Cadmus, R.N.,
Cayuga, N. Y.

Drugs and Solutions for Nurses. By Stella Goostray, R.N. 137 pages. The Macmillan Company, New York. Price, $1.40.

It affords one much satisfaction to review this little book. It is complete, yet simple, and certainly has a reason for being. As a result of teaching drugs and solutions for many years, certain facts have impressed themselves upon me,—using simple arithmetic for fractional dosages and percentage solutions, which this little book does, rather than wandering afield in proportion or algebra.

As a result of Government investigations, fumigation has wellnigh been relegated to the rear, so why take it up? But if taken up, sulphur might well be included. Aside from the results of investigations, potassium permangenate with formaldehyde makes a process of such expense as to be prohibitive except in small rooms.

When speaking of the treatment of poisoning from drugs, the author omitted to mention the need for lavage or vomiting after the chemical antidote is used. In the hospital with which the writer is connected there is an elaborate poison room and the order of

procedure is fixed: 1. Chemical antidote (if poison is known); 2. Lavage. Sometimes the chemical antidote is added to the solution.

Under the rules for giving drugs is mentioned the one that drugs are not to be given in foods and I wish that milk might have specifically been named, for it has been my experience to see patients on a strict milk diet who have had to put up a fight in order to be able to take their required portion of milk, because the taste for it had been vitiated by its combination with drugs. Never have I seen, in rules governing the giving of medicines, any reference to arsenic preparations that are to be administered by mouth. Even if well diluted, the irritating action of arsenic upon the stomach lining is an important factor for consideration and especially when it is being given in increasing doses.

And last, the use of the medicine dropper when a drug is ordered in drops. Dropping from the bottle is conceded to be the more accurate.

In conclusion, let me summarize as follows:

1. The book meets its objects, especially the second one.

2. It has many valuable data in it and in a concise, available form.

3. The arithmetic review is satisfactory.

4. Keeping the working-out of solutions in their proper place in arithmetic is most advisable.

5. It does not over emphasize prescription reading, which belongs to the pharmacist rather than to the nurse.

6. The drills at the ends of the chapters should be of great help to the students.

7. The suggestions to teachers are pertinent.

LOUIE CROFT BOYD, A.B., R.N.,
Denver, Colorado.

MANAGEMENT OF THE SICK INFANT. By Langley Porter, M.D., and William E. Carter, M.D. 659 pages. Second revised edition. Illustrated. C. V. Mosby Company, St. Louis. Price, $8.50.

To one deeply interested in the welfare of young children, it is indeed a privilege to read Management of the Sick Infant, a book devoted exclusively to the subject of the title.

This second edition of the work gives the latest methods and treatment of infants' diseases. In the first chapter the reader realizes that the authors have made a careful study of the sick baby, not treating it as if it were a child able to report his symptoms, but depending wholly upon observation.

The helplessness of the infant is emphasized, a condition which the nurse and those not trained in pediatrics do not always realize.

Each chapter has its own special message and each subject is clearly and concisely discussed. The chapter on methods with its numerous illustrations is most helpful to the nurse in preparing the infant for treatment.

The chapter on formulas and recipes is particularly valuable.

This work would be a most useful addition to the nurses' reference library and if I may be pardoned for entering a field that is not mine, I would suggest its use by interns who are seeking knowledge in the treatment of infants.

EMMA J. JONES, R.N.,
Cambridge, Mass.

SOME INTERESTING FEATURES TO BE FOUND AMONG THE EXHIBITS AT THE DETROIT CONVENTION

Booth Number

1. **Dry Milk Co.** Dry Milk.
2. **Denoyer-Geppert Co.** Anatomical models and charts.
3. **Meinecke & Co.** Nurse and hospital supplies.
4. **Randlus Mfg. Co.** will introduce many new straight line models for student nurses' uniforms. Also an innovation in gowns which are so cut and made that they can be laundered through the flat iron work ironer.
5. **Horlick's Malted Milk Co.** will feature many uses of Horlick's in the feeding of infants, growing children, invalids and convalescents. They will also demonstrate the convenience of the Dumore Electric Mixer, Model No. 6, for preparing delicious Malted Milk drinks for your patients and for X-ray use.

6 and 7. **Nat'l League of Nursing Education** will exhibit slides on history of nursing and life of Florence Nightingale, pamphlets, calendars and portraits, all obtainable at Headquarters. Plans are also on foot to show a model equipped Laboratory desk for Chemistry and Bacteriology, and in contrast a demonstration of improvised Laboratory apparatus.

8 and 9. **N. O. P. H. N.** The Booth of the National Organization for Public Health Nursing will this year offer all attending the Convention an opportunity to familiarize themselves with the latest literature published in connection with public health nursing, and also to refresh their thoughts concerning N. O. P. H. N. itself. One of the secretaries will be in attendance at the booth.

10. **The American Journal of Nursing.** The largest and most widely read magazine in the world devoted solely to nursing and nurses. For less than a cent a day it keeps nurses in step with their profession. At the Convention, pilot your non-subscribing friends to Booth No. 10, where subscribing will be made easy for them. Miss Mollie Condon of *The Survey* and Miss Ellen Loomis of Seattle, Wash., will be in charge. Subscriptions will be taken for the *Journal* in combination with the *Pacific Coast Journal* or with *The Survey*, or for any one of the three magazines alone. If you have forgotten to bring a note-book, come to this booth and get one.

11, 12 and 13. **Metropolitan Life Insurance Co.** will show what are the problems of the public health movement in the immediate future. Thirty-six charts show the outlook for the control of tuberculosis, the mortality of infants and children, in adult and middle life, and finally, what part public health nursing will play as an adjunct in the extension of the life span.

14, 15, 16 and 17. **Government Nursing Services.** The new section of the American Nurses' Association, which is to be known as the Section on Government Nursing Services, will have an exhibit of pictures showing the work of the Nurse Corps of the Army, the Navy, the U. S. Public Health Service, and the Veterans' Bureau, as well as some pictures of the hospitals of these different services. There will also be dolls dressed to show the regulation uniform of these services.

18. **American Red Cross'** attractive exhibit has been planned to represent the three services —Nursing, Public Health Nursing, and Home Hygiene and Care of the Sick. Large colored panels illustrate phases of the Service activities and hanging below each is a special cardboard mount displaying about ten photographs continuing the pictorial narrative.

19. **Occupational Therapy Exhibit** will be made with the assistance of two workers actively engaged in making articles of interest in this work. The Grace Hospital and the Detroit Tubercular Sanitarium will send patients especially to do this work and display articles which have been made at these institutions.

20 and 21. **National Health Council** and seven of its member organizations will show representative pamphlets, posters, and other material of special interest to nurses which will be provided by American Child Health Ass'n, American Public Health Ass'n, American Society for the Control of Cancer, the American Red Cross, National Committee for Mental Hygiene, National Committee for the Prevention of Blindness and the National Tuberculosis Ass'n. This is a rare opportunity for nurses to see the material which is available to them from the leading National Voluntary Agencies of the United States.

22. **Mellin's Food Co.** Mellin's Food.

Booth Number

23 and 24. **W. B. Saunders Co.** will display their entire extensive line of nursing books featuring especially sixteen new books and new editions, including The Operating Room, emanating from St. Mary's Hospital, Rochester, Minn.; Ried's Nursing Procedures; Hoxie's Medicine for Nurses; Garnsey's Dosage and Solutions; Arnhein's Urine Analysis for Nurses; Bogert's Chemistry; Williams Anatomy and Physiology, etc.

25 and 26. **J. B. Lippincott Co.** In addition to the remarkable Piersol Anatomical Charts, a display of never failing interest, the Lippincott exhibit will feature a full line of nursing books. These will include MacDonald's Mental Hygiene and the Public Health Nurse, Laird's Applied Physiology for Nurses, the new tenth edition of Cooke's Obstetrics, and other recent titles.

27. **F. A. Davis Co.** will show many books of importance and of great interest to nurses, including Elizabeth Wickham's new book, Maternity Nursing in a Nutshell. This is something unique and of great practical interest to graduate nurses. The Dietary Adventures of Anabil Lee by Gertrude I. Thomas is a strikingly original and attractive volume.

28. **P. Blakiston Son & Co.** At this booth will be shown some books of special interest and value. Scientific books must be kept abreast of scientific progress. In physiology, anatomy, medical lexicology, important advances have been made which have been incorporated in the Blakiston texts. 605,000 copies of Gould's Medical Dictionaries have been sold.

29. **E. L. Patch Co.** Flavored Cod Liver Oil.

30. **The Kolynos Co.** The Euscope is an interesting device for projecting a microscopic field upon a ground glass screen where a group may study the reactions which occur on the slide. This instrument will be used at the Kolynos Booth to demonstrate the germicidal action of Kolynos Dental Cream. Do not fail to see this experiment and to receive a complimentary tube of Kolynos.

31. **The DeVilbiss Manufacturing Co.** will have a display of nose and throat atomizers, nebulizers, powder blowers and steam vaporizers.

32. **Lewis Manufacturing Co.** A feature of special interest in this booth will be an exhibit of Cellucotton, the Perfect Absorbent. Hundreds of hospitals, after once using, depend on Cellucotton for a large part of their surgical dressings.

33. **A. W. Diack.** The theory and practice of sterilization and dressings in pressure sterilizers, necessity of heat penetration and the scientific means of ascertaining when heat penetration has taken place, will be illustrated with Diack's Sterilizer Controls.

34. **Minute Tapioca Sales Co.** will show special uses for Minute Tapioca of interest to nurses, such as basis of a nutritious gruel; preparation of a colloidal starch solution, which, added to milk for infant feeding, renders it more digestible by limiting the size of the milk curds; for special diets, particularly cases where a low protein or purin-free diet is indicated.

35. **Standard Apparel Co.** will have a line of nurses' capes, coats and sweater-coats in various shades and qualities of materials.

36. **Geo. E. Keith Co.** will make a representative display of the famous Princess Pat and Relief lines of Walk-Over Shoes for both on duty and off duty.

37. **Lea & Febiger** will exhibit their nurses' series of books; such as Brown's Principles of Nursing, Fox Bacteriology, Amoss' Chemistry, Price's Hygiene and Sanitation, Parker's Materia Medica, Farr's Internal Medicine, Tallant's Obstetrical Nursing, Bacon's Obstetrical Nursing, Carter's Nutrition, the Epitome Series, Wharton's Minor Surgery, etc.

38. **Thorner Bros.** A complete set of ward trays, individual patients' food service items and a complete line of enamelware, rubber goods, glass and metal syringes and hospital sundries.

39 and 40. **The Macmillan Company.** Macmillan-gram. Limited to fifty words like a night letter to tell you about our exhibit—stop at Booths 39 and 40—stop—and see the new hospital library series—stop—and examine two recent texts in pediatric nursing—stop and let us tell you about new books in preparation—stop—at Macmillan's Booths 39 and 40.

41. **Ernest Mennier, Inc.** Ingram's transparent nipples—imported from England and famous all over the world because they can be sterilized over and over again in boiling water without in the least affecting the quality or resiliency of the rubber. They are made from the highest grade of Para Rubber without the addition of fillers or gritty substances or coloring matter.

Booth Number

42. **J. B. Ford Co.**, exhibiting Wyandotte yellow hospital laundry soda, Wyandotte Sanitary Cleaner and Cleanser, Wyandotte Detergent-Abrasive Powder. They will be represented by C. M. Matthews, F. D. Marantette and Wm. McEwan of the Detroit office.

43. **Chas. H. Phillips Chem. Co.** will exhibit Phillips Milk of Magnesia—a mouth wash that protects the teeth from acid erosion. Phillips Digestible Cocoa Compound will also be exhibited.

44. **Lehn & Fink, Inc.**, the manufacturing chemists, will concentrate their display on a few products of great interest to nurses. They will exhibit Hopkins Charts, designed by a registered nurse; Vigoris, an improved rubbing alcohol; Lysol Disinfectant and Pebeco Tooth Paste.

45. **Nujol Laboratories.** The display offered by these people will be characterized by simplicity and dignity. Blue velvet will serve as a back-ground to their exhibit for colored illustrations of the pathological intestinal tract. In front of this curtain will be a modest arrangement of the Nujol group—bottle, carton, clock and spoon. The booth will be officered by Edwin F. Hitchcock, M.D., who has been representing Nujol Laboratories at various State medical conventions.

46. **The Pepsodent Company** will have well informed men in charge who will be there to give you a thorough understanding of Pepsodent and Formula B, as well as samples for trial purposes.

47. **Morse & Burt Co.** Cantilever Shoes. If you have never owned a pair of Cantilevers be sure to visit this booth. It will be time well spent. If you already wear them they still have something of interest for you.

48. **Schering & Glatz, Inc.** Atophan, the premier remedy for rheumatism, gout, neuralgia, sciatica, lumbago. Supplied in tablets and powder form; combined with Urotropin for injection; combined with Acetyl-Salicylic Acid in tablets. Anusol Hemorrhoidal Suppositories for the non-surgical treatment of hemorrhoids and other inflammatory rectal disorders.

49. **E. R. Squibb & Sons** will be with us this year with their standard line of chemicals and pharmaceuticals, including such well known specialties as Squibb's Mineral Oil, Arsphenamine products and Milk of Magnesia. They will also feature Squibb's Talcum Powder, and Squibb's Dental Cream made with Squibb's Milk of Magnesia.

50. **Denver Chemical Mfg. Co.** will have their well known Antiphlogistine. This product is so well known that comment seems unnecessary. Call at the Antiphlogistine booth and obtain a valuable souvenir as well as liberal samples of their preparation.

51. **Walter Janvier, Inc.** This firm is the national distributor of Kellogg's Tasteless Castor Oil. They will have several exhibits showing the Castor oil bean, part of the process in the production of castor oil and Kellogg's Tasteless Castor Oil. Free samples will be given to nurses visiting this booth.

52. **C. V. Mosby Co.** Nurses' books.

53. **Gradwohl School of Laboratory Technique** will display a model laboratory with up-to-date equipment for making laboratory diagnostic tests, Wassermann's, Blood, Chemical, etc. There will be a laboratory worker in charge who will carry out the laboratory tests for the benefit of the conventionists.

54. **Kellogg Company** will have Miss Mary I. Barber, director of their Home Economics Department, in charge of their booth. Miss Barber is very well known in the Home Economics field, being most recently a member of the faculty of Columbia University. This firm manufactures Kellogg's Corn Flakes, Kellogg's Bran, cooked and krumbled, and Kellogg's all wheat Krumbles. These products will be demonstrated and served.

55. **Pneumo-Phthysine Chem. Co.** will make an exhibit of their product which is an emplastrum used in the reduction of fever temperatures. Pneumo-Phthysine obviates the necessity of febrile drugs, and its application brings the fever temperature down within immediate control.

56. **Cereal Soaps Co.** Derbac—Shampoo Soap for pediculosis. This product is used in more than 1000 hospitals, schools and other institutions. Derbac Comb will also be on exhibit. Used for nits and vermin of the hair.

57. **The Modern Hospital.** A leader of hospital magazines.

58. **H. L. Kaufman & Co.** Norinkle rubber sheeting.

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